Indiana Medical Journal

No. 12
Vol. XXVI.

INDIANAPOLIS, JUNE, 1908.

Price $1.00 a Year
Whole No. 312.

CONTENTS

Entered at the Post Offie at Indianapolis, Ind., as second-class matter.

FOR PHYSICIANS

A New and Useful Booklet FREE.

We have just issued a new Booklet for physicians' use entitled "Formulas for Infant Feeding."

In it are given a number of formulas for modifying milk to suit the varying requirements of infant feeding from birth to six months of age and older. The analysis for each formula is given; also short chapters on How to Prepare Top Milks of Different Fat Percentages from Whole Milks of Different Fat Percentages; How to Prepare Whey; etc., etc.

As a handy reference book for the physician's pocket it will be found very useful.

Write for one.
Write for one today.
We shall be glad
to send it FREE
of all charge.

Mellin's Food Co.,
Boston, Mass.

Cut out here.

Mellin's Food Co.,
Boston, Mass.
Please send me FREE of charge the booklet, "Formulas for Infant Feeding."

M.D.

35

SURGICAL SPECIALTIES

Van Horn

OBSTETRICAL SPECIALTIES

"The Perfect Lubricant"

Sample upon request

NEW YORK, U. S. A.
20 EAST 42d STREET

Van Horn AND SAWTELL

LONDON, ENGLAND
31-33 HIGH HOLBORN

LISTERINE

The original antiseptic compound

(Awarded Gold Medal (Highest Award) Lewis & Clark Centennial Exposition, Portland, 1905; Awarded Gold Medal (Highest Award) Louisiana Purchase Exposition, St. Louis, 1904; Awarded Bronze Medal (Highest Award) Exposition Universelle de 1900, Paris.)

The manufacturers of Listerine are proud of Listerine—because, it has proved one of the most successful formulae of modern medicine.

This measure of success has been largely due to the happy thought of securing a two-fold antiseptic effect in one preparation, i. e., the antiseptic effect of the ozoniferous oils and ethers, and that of the mild non-irritating boric acid radical of Listerine.

Pharmacal elegance, strict uniformity in constituents and methods of manufacture, together with a certain superiority in production of the most important volatile components, enable Listerine to easily excell all that legion of preparations said to be "something like Listterine."

The success of Listerine is based upon merit
The best advertisement of Listerine is—Listerine

Lambert Pharmacal Company

St. Louis, U. S. A.

New Nebulizer

We herewith depict a compressed air outfit in connection with Nebulizer and stand at a price within the reach of all the medical profession. This outfit consists of a nickel plated tank 9½x24 inches, guaranteed to stand pressure of 100 pounds, with a three bottle Nebulizer and three extra bottles, together with double-action lever-pump, set of three platinum lined hard rubber spray tubes, put-off, necessary tubing, etc., mounted on fine stand with metal oxidized legs. This is not only one of the most useful and up-to-date appliances of this nature, but is one of the most handsome outfits now before the medical profession.

Dugan-Johnson Co.'s

New Sterilizing Outfit consists of a nickel plated three gallon water sterilizer and steel four coated, white enameled dressing sterilizer with inner copper chamber that may be lifted from sterilizer with contents therein. On the lower shelf is placed a steel, four coated instrument sterilizer and all placed on a nickel-plated and white enameled stand, mounted on casters or rubbers. The outfit has either gas, gasoline or coal oil heaters. It is the most practical and up-to-date office and sanitorium outfit now before the medical profession.

Price as shown in cut..... $50.00

Dugan-Johnson Co.

MAKERS OF

High-Grade Surgical Instruments

16-18 W. Market St. Indianapolis, Ind.

THE SAFEST AND SUREST WAY OF USING MERCURY BICHLORIDE

Diamond Antiseptics, Lilly

Tablets diamond shaped and marked "Poison." Bottles of peculiar design with toothed corners.

NO MISTAKES IN THE DARK

Tablets made in two sizes; two colors, White and Blue. Hand molded, loose in texture, very soluble.

The presence of citric acid in the tablets prevents precipitation of insoluble mercury in neutral solutions, in hard water or when in contact with blood, pus, serum, etc. Solutions of Diamond Antiseptics act with certainty on all septic matter.

While soft or distilled warm water is best for solutions, these tablets dissolve quickly in moderately hard water, a great convenience in emergencies.

Supplied Through the Drug Trade
Send for Samples and Full Information

ELI LILLY & COMPANY

INDIANAPOLIS NEW YORK CHICAGO ST. LOUIS KANSAS CITY NEW ORLEANS

ACNEINE

is a harmless but efficacious treatment for

Acne, Burns, Sores, Wounds, Ulcers, Eczema, Sycasis, Seborrhoea, Dermatitis, Psoirasis, Pruritis and Syphillitic Eruptions.

ACNEINE is mildly antiseptic and styptic. Non-irritating and non-poisonous. Can be used with impunity.

ACNEINE contains none of the derivatives of petroleum and will not make the hair grow. Leaves less scar than any other remedy, hence should be used in all diseases and operations on the face.

ACNEINE is an ethical preparation.

Samples and literature with full formula furnished to physicians on application.

ACNEINE PHARMACAL COMPANY

OMAHA, NEB.

Successfully Prescribed for Twenty Five Years

Rheumatism
Neuralgia
Sciatica
Lumbago
Malaria
Grippe
Heavy Colds
Gout
Excess of Uric Acid

Relieves Pain
Allays Fever
Eliminates Poisons
Stimulates Recuperation.

Samples by Express prepaid - Mellier Drug Company, St. Louis.

SANMETTO FOR GENITO-URINARY DISEASES.

A Scientific Blending of True Santal and Saw Palmetto with Soothing Demulcents in a Pleasant Aromatic Vehicle

A Vitalizing Tonic to the Reproductive System.

SPECIALLY VALUABLE IN
PROSTATIC TROUBLES OF OLD MEN—IRRITABLE BLADDER—
CYSTITIS—URETHRITIS—PRE-SENILITY.

DOSE:—One Teaspoonful Four Times a Day.

OD CHEM. CO., NEW YORK.

WHEELER'S TISSUE PHOSPHATES

—DELICIOUS— —SUSTAINING—

THE IDEAL TONIC FOR FASTIDIOUS CONVALESCENTS

T. B. WHEELER M.D. COMPANY
MONTREAL, CANADA,

SAMPLES & LITERATURE ON REQUEST

AN ARM OF PRECISION

LABORATORY, ROUSES POINT, N.Y.

Three Ages of Women--Third Stage

The menopause or climacteric is an epoch in the sexual life of woman defined by some authorities as *the* critical period. The secession of the menstrual flow should be normal but unfortunately most women suffer from circulatory, nervous, digestive and pelvic derangements.

Headache, Vertigo, Hysteria, Neuralgia, Melancholia, Hot Flashes with sensations of fullness or weight in the pelvis are the usual manifestations. In these cases a remedy which will tend to normalize the circulatory and nervous disturbance without creating a dangerous drug habit is the desideratum. Such a product is

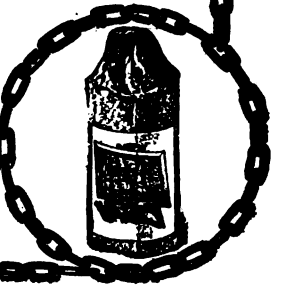
HAYDEN'S VIBURNUM COMPOUND

which contains no narcotic nor habit forming drug.

For twenty-six years this remedy has stood the test of time in the treatment of diseases of women such as **Amenorrhea, Dysmenorrhea, Menorrhagia, Metrorrhagia** and the irregularities incident to the menopause.

It is the standard by which all other viburnum products would measure, therefore as an assurance of definate and satisfactory therapeutic results, it is necessary that you specify **HAYDEN'S** and that no substitute be given.

Literature upon request and Samples if express charges are paid.



NEW YORK PHARMACEUTICAL CO., Bedford Springs, Bedford, Mass.

PRUNOIDS

AN IDEAL PURGATIVE MINUS CATHARTIC INIQUITIES

A scientific and delightful remedy for permanent removal of constipation.

PRUNOIDS ARE MADE OF PHENOLPHTHALEIN (ONE AND ONE-HALF GRAINS IN EACH), CASCARA SAGRADA, DE-EMETINIZED IPECAC AND PRUNES.

DOSE—ONE TO THREE PRUNOIDS
SOLD IN SEALED BOXES (36 PRUNOIDS) 50 CENTS
WHOLESALE AND RETAIL DRUGGISTS

SENG

A SECERNENT TO TONE THE FUNCTIONS OF DIGESTION

DOSE—ONE TO TWO TEASPOONFULS BEFORE OR DURING MEALS

For indigestion, malassimilation, malnutrition; to restore the functional activity of the secretory glands.

A PLEASANT PREPARATION OF PANAX (GINSENG) IN AROMATICS

SOLD IN TEN OUNCE BOTTLES ONLY—$1.00
WHOLESALE AND RETAIL DRUGGISTS

CACTINA PILLETS

A SAFE AND DEPENDABLE CARDIAC TONIC

For functional heart troubles. Is not cumulative in its action. An excellent remedy in tachycardia, following the excessive use of tobacco, tea, coffee or alcoholics.

DOSE—ONE TO THREE PILLETS, AS INDICATED

EACH PILLET CONTAINS ONE ONE-HUNDREDTH OF A GRAIN OF CACTINA, FROM CEREUS GRANDIFLORUS.

SOLD IN BOTTLES OF 100 PILLETS—50 CENTS
WHOLESALE AND RETAIL DRUGGISTS

In prescribing the above elegant pharmaceuticals, always see that the genuine is dispensed. Samples to physicians. Advertised only to the medical profession, and manufactured exclusively in the laboratories of

SULTAN DRUG COMPANY, Pharmaceutical Chemists, SAINT LOUIS, MO.

CHIONIA

The HEPATIC STIMULANT

Prepared from Chionanthus Virginica Expressly for Physicians' Prescriptions

Chionia is a gentle but certain stimulant to the hepatic functions and overcomes suppressed biliary secretions. It is particularly indicated in the treatment of Biliousness, Jaundice, Constipation and all conditions caused by hepatic torpor.

DOSE—One to two teaspoonfuls three times a day. Put up in half pound bottles only.

Free samples to Physicians upon request

Peacock Chemical Co., St. Louis, Mo.
Pharmaceutical Chemists.

Peacock's Bromides

The BEST FORM *of* BROMIDES

Each fluid drachm contains fifteen grains of the neutral and pure bromides of Potassium, Sodium, Ammonium, Calcium and Lithium.

In Epilepsy and all cases demanding continued bromide treatment, its purity, uniformity and definite therapeutic action insures the maximum bromide results with the minimum danger of bromism or nausea.

DOSE—One to three teaspoonfuls according to the amount of Bromides desired. Put up in half pound bottles only. Free samples to the profession upon request.

Peacock Chemical Co., St. Louis, Mo.
Pharmaceutical Chemists.

THE CINCINNATI SANITARIUM,

A Private Hospital for Mental and Nervous Disorders, Opium Habit, Inebriety, Etc.

Thirty-four years successful operation. Thoroughly rebuilt, remodeled, enlarged and refurnished. Proprietary interest strictly non-professional. Two hundred patients admitted annually. Detached apartments for nervous invalids, opium habit, inebriety, etc. Location retired and salubrious. Grounds extensive. Surroundings delightful. Appliances complete. Charges reasonable. Electric cars run from Fountain Square, Cincinnati, to Sanitarium entrance.

Long Distance Telephone, Park 135.

Dr F. W. Langdon, Medical Director; B. A. Williams and C. B. Rogers, Resident Physicians.

For particulars, address THE CINCINNATI SANITARIUM, or P. O. BOX No. 4. College Hill, Station K, Cincinnati, Ohio.

New and Standard Medical Books

Ballenger on the Nose, Throat and Ear

New Work Just Ready

Diseases of the Nose, Throat and Ear, Medical and Surgical. By W. L. BALLENGER, M.D., Professor of Laryngology, Rhinology and Otology, College of Physicians and Surgeons, Chicago. Octavo, 896 pages, with 467 engravings, mostly original, and 16 colored plates. Cloth, $5.50, *net.*

Osler's Modern Medicine

Volumes I, II and III Just Ready
Volume IV Shortly

Modern Medicine. Its Theory and Practice. In Original Contributions by Eminent American and Foreign Authors. Edited by WILLIAM OSLER, M. D., Regius Professor of Medicine in Oxford University, England; Honorary Professor of Medicine in Johns Hopkins University, Baltimore; formerly Professor in the University of Pennsylvania, Philadelphia, and in McGill University, Montreal. In seven octavo volumes of about 900 pages each, illustrated. Per volume, cloth, $6.00, *net;* leather, $7.00, *net;* half-morocco, $7.50, *net.* For sale by subscription only. *Full prospectus free on application.*

Hare's Practice

New (2d) Edition Thoroughly Revised

A Text Book of the Practice of Medicine. For Students and Practitioners. By HOBART AMORY HARE M.D, B.Sc., Professor of Therapeutics and Materia Medica in the Jefferson Medical College of Philadelphia. New (2d) edition, thoroughly revised. Octavo, 1132 pages, with 131 engraviegs and 11 full-page plates in colors and monochrome. Cloth $5.00, *net;* leather, $6.00, *net;* half-morocco $6.50, *net.*

Hare's Practical Diagnosis

New (6th) Edition Thoroughly Revised, Just Ready

A Text-Book of Practical Diagnosis. The Use of Symptoms in the Diagnosis of Disease. By HOBART AMORY HARE, M. D., Professor of Therapeutics in the Jefferson Medical College of Philadelphia. New (6th) edition, thoroughly revised and rewritten. Octavo, 630 pages, with 263 engravings and 25 full-page colored plates. Cloth, $4.50, *net.*

Park's Surgery

New Work Just Ready
Adopted by the United States Army

The Principles and Practice of Modern Surgery. By ROSWELL PARK, M. D., Professor of Surgery in the University of Buffalo, Buffalo, N. Y. In one imperial octavo volume of 1072 pages, with 722 engravings and 59 full-page plates in colors and monochrome. Cloth, $7.00, *net;* leather, $8.00, *net.*

Gray's Anatomy

Thoroughly Revised
Enlarged in Text and Illustrations

Anatomy, Descriptive and Surgical. By HENRY GRAY, F.R.S., Late Lecturer on Anatomy at St. George's Hospital London. New American edition, enlarged and thoroughly revised, by J. CHALMERS DACOSTA, M.D., Professor of Surgery and Clinical Surgery in the Jefferson Medical College, Philadelphia, and a corps of special assistants. Imperial octavo, 1600 pages, with 1132 large and elaborate engravings. Price, with illustrations in color, cloth, $6.00, *net;* leather $7.00, *net.* With illustrations in black, cloth, $5.50, *net;* leather, $6.50, *net.*

The Practitioner's Library of

Gynecology, Obstetrics and Pediatrics

Edited by J. Wesley Bovee, M.D. Washington, D. C. 836 pages, 382 engravings, 60 plates mostly colored	Edited by Reuben Peterson, M.D. Ann Arbor, Mich. 1087 pages, 523 engravings, 30 plates mostly colored.	Edited by W. Lester Carr, M.D. New York 1014 pages, 199 engravings, 32 plates mostly colored
Price per single volume:	Cloth, $6.00, *net;* leather, $7.00, *net;* half-morocco, $8.00 *net.*	
Price of any two volumes:	Cloth, $11.00, *net;* leather, $13.00, *net;* half-morocco, $15.00 *net.*	
Price of the three volumes:	Cloth, $15.00, *net;* leather, $18.00, *net;* half-morocco, $21.00 *net.*	

Stimson on Fractures and Dislocations.

New (5th) Edition Just Ready

A Treatise on Fractures and Dislocations. By LEWIS A. STIMSON, B.A., M.D., Professor of Surgery in Cornell University Medical College, New York. New, (5th) edition, thoroughly revised. Octavo, 847 pages, with 352 engravings and 52 plates. Cloth, $5.00 *net*, leather, $6.00 *net*; half- moracco $6 50, *net.*

NEW PORTRAIT CATALOGUE FREE.

LEA & FEBIGER

Successors to

Lea Brothers & Co.

PHILADELPHIA
706-8-10 Sansom Street

NEW YORK
111 Fifth Avenue

Form 524

Elegant Pharmaceutical Specialties

Attention is called to the EXCELLENCE and VALUABLE THERAPEUTIC PROPERTIES of these Preparations.

ROBINSON'S
HYPOPHOSPHITES

Nutritive, Tonic, Alterative

A STANDARD REMEDY in the treatment of Pulmonary Phthisis, Bronchitis, Scrofulous Taint, General Debility, etc. Stimulates Digestion, promotes Assimilation.

℞ Each fluidounce contains:

Hypophosphites	Soda	2 gr.
"	Lime	1½ gr.
"	Iron	1½ gr.
"	Quinine . . .	¾ gr.
"	Manganese . .	1½ gr.
"	Strychnine . .	1-16 gr.

DOSE—One to four fluidrachms.

6-oz. Bottles, 50 Cents.
Pint Bottles, $1.00.

This preparation does not precipitate—retains all the salts in perfect solution.

ROBISON'S
LIME JUICE and PEPSIN

Pure Concentrated Pepsin Combined with Pure Lime Juice

An exceedingly valuable Combination in cases of Dyspepsia, Indigestion, Biliousness, Heartburn and Mal-Assimilation.

APERIENT AND CHOLAGOGUE

Impaired Digestion is a consequence of a sedentary life, coupled with nervous and mental strain.

Reliable Pepsin is one of the best DIGESTIVE agents known. Pure Lime Juice with its APERIENT and CHOLAGOGUE characteristics, with the Pepsin furnishes a compatible and most efficient combination as a remedy for the disorders named.

Robinson's Lime Juice and Pepsin is PALATABLE and GRATEFUL to the taste.

DOSE—Adult, dessertspoonful to tablespoonful, after eating. Children one-half to one teaspoonful according to age.

Price, 6 oz. Bottles, 50 Cts.
16 oz. Bottles, $1.00.

SALOFORM
(FLEXNER)

SALOFORM is a definite Chemical Compound, the component parts of which are Hexamethylene Tetramine, Salicylic Acid and Lithia.

The properties of Saloform are those of the Uric Acid Solvent and Genito-Urinary Antiseptic.

As a Uric-Acid Solvent it is indicated in Rheumatism, Gout, in Phosphaturia, in Gravel, and in Renal Colic.

As a Genito-Urinary Antiseptic it limits suppuration anywhere along the Urinary Tract, from the Kidneys down to the orifice of the Urethra.

It has been used with most excellent results in Pyelitis and Pyonephrosis, in Cystitis, and in Gonorrheal and Non-Gonorrheal Urethritis.

Saloform (Flexner) is obtainable in Powder, Tablets, or Elixir.

Powder, in 1-oz. vials, dose 10 grains 4 times daily (under physicians' prescriptions), per 100, $1.25.

Elixir, in 16-oz. bottles, dose teaspoonful after each meal and at bedtime (under physicians' prescriptions), per bottle, $2.00.

Physicians who have used Saloform are enthusiastic in their praises of its merit.

If your dispensing Druggist has none, we will send you either form by express Prepaid upon receipt of price named.

Please suggest to Druggist to obtain a supply.

FLEXNER'S
Solution of Albuminate of Iron

(Liquor Ferri Albuminatis—Flexner.)

Albuminate of Iron is a definite chemical compound of albumen and iron. In the manufacture of the preparations of this iron salt, we use fresh egg albumen only. Albuminate of Iron is the organic compound present in the red corpuscles of the blood. It does not disturb digestion, neither does it constipate Contains in each teaspoonful one grain of the iron salt, and it is perfectly stable and bland. Clinical experience has demonstrated its superiority as a chalybeate.

PINT BOTTLES, $1.00

Please prescribe ORIGINAL bottles. Our label

WE MAKE ALSO FLEXNER'S

- SOLUTION ALBUMINATE OF IRON, Pints, $1.00.
- SOLUTION ALBUMINATE IRON and STRYCHNINE } Half-Pints $1.00
- SYRUP ALBUMINATE IRON with QUININE and STRYCHNINE } Half-Pints $1.00

Please specify ROBINSON'S Original Bottles. For sale by Druggists.

Founded 1842 **ROBINSON-PETTET CO.,** Incorporated 1890
Manufacturing Pharmacists,
LOUISVILLE, KY.

Pamphlets gratis to Practitioners by mail upon request.

PAPINE

IS THE ANODYNE PRINCIPLE OF OPIUM, THE NARCOTIC AND CONVULSIVE ELEMENTS BEING ELIMINATED, AND IS DERIVED FROM THE CONCRETE JUICE OF THE UNRIPE CAPSULES OF PAPAVER SOMNIFERUM. ONE FLUID DRACHM IS EQUAL IN ANODYNE POWER TO ONE-EIGHTH GRAIN OF MORPHIA. IT PRODUCES NO TISSUE CHANGES, NO CEREBRAL EXCITEMENT, NO INTERFERENCE WITH DIGESTION.

BROMIDIA ECTHOL IODIA

BATTLE & CO., CHEMISTS CORPORATION, ST. LOUIS, MO., U. S. A.

BOVININE

SEND FOR SAMPLE

Assures Normal Opsonic Index, Full Elimination of Waste. Rich Red Blood. Cell Stimulation and Complete Nutrition.

BOVININE. Internally it establishes a normal balance between elimination and nutrition, result being health.

BOVININE. Contains every element in a full and proper proportion necessary to completely feed every tissue of the human body.

BOVININE. Has no competition, as all other prepared and liquid foods feed only in part, hence their field of usefulness is limited and nature must accomplish the rest, and this she can seldom do.

BOVININE. Is not antagonistic to any medication, but greatly aids the therapeutic action of drugs. It is indicated at all ages and in all conditions.

BOVININE. Locally as a dressing in all forms of ulceration or any peripheral starvation is ideal.

BOVININE. Is ready for immediate assimilation, does not disturb, but gives the gastro-intestinal tract full and complete rest.

BOVININE. Is rich in assimilable organic iron and is *sterile*.

THE BOVININE COMPANY
75 West Houston St., New York City

INDIANA MEDICAL JOURNAL.

VOL. XXVI. INDIANAPOLIS, JUNE, 1908. No. 12

Addresses and Original Communications.

PRAGMATISTM AND MEDICINE.

BY JEWETT V. REED, M. D., DIRECTOR OF NEUROLOGICAL LABORATORY, INDIANA UNIVERSITY SCHOOL OF MEDICINE.

Practically all individuals of every grade of mentality possess some form of philosophy or religion. That is, they have formulated some sort of an idea of a relation between themselves and the rest of the universe, both with the seen and the unseen. The complexity of this relation is in direct proportion to our mental development, and the character of this relation plays a great part in the various activities of our lives, molding our actions and thoughts in both health and disease. There is about us a medium through which we look at life, and the color and density of this philosophical atmosphere determines largely our happiness or our misery.

Throughout all time there has been no subject so difficult as the attempt to formulate a universal scheme of things, to correlate ourselves with our faiths and experience into one harmonious whole. "This philosophy, which is so important to each of us, is not a technical matter. It is our more or less dumb sense of what life honestly and deeply means; it is only partly got from books; it is our individual way of just seeing and feeling the total push and pressure of the cosmos."

In the quest for a standard about which all our ideas may agree, or an attitude of mind where there will be the least amount of disharmony of things, humanity has grouped itself into two opposite camps; according to Professor James, the "Tender-minded" and the "Tough-minded." The former are the rationalists, the "devotee to abstract and eternal principles; the latter, the empiricists, the lover of facts in all their crude variety." The two types are familiar to everyone. Thus the tender-minded rationalist in idealistic, optimistic, religious, free-willist and dogmatic. The tough-minded empiricist is materialistic, pessimistic, irreligious, fatalist, and skeptical. The former take for their axiom, authority; and all of the facts of life, if accepible at all, must be in agreement with Divine revelation. Dogmatic faith is their guiding principle, and the ultimate salvation of all, is their optimistic belief. Still the system of these so-called tender-minded individuals suffers severe strain at times, when facts appear that disagree with their established principles and are at the same time too strong to be disregarded. Doubts appear as to the validity of their cherished faith and long-accepted belief, and the rationalist is thrown into a state of philosophical and religious unrest. Two paths are open to him. If he accept certain facts as true he must relinquish the old principles of faith that have been his main guides in life; or he must dogmatically blind himself to facts and with a sickly sentimentality refuse as true everything that disagrees with his established beliefs. He is true to his faith, the faith that Mark Twain says "is believing what you know isn't so." The tough-mined empiricist, on the other hand, has his eyes and ears open, and his belief in things is made up of what is manifest to the senses. Principles and traditions are nothing to him; his philosophy is made up of tangible facts, scientific facts that

he can weigh, measure, and count. He has dissected the entire human body, and nowhere can he find an empty space where the soul could lodge. Death, as far as he can see, ends everything. What is left for the spirit world? Nothing has ever manifested itself to him to prove that there is life after death. As for a God, could he be anything but a diabolical monster to make a world so full of misery and suffering?

Is there any fact to prove that there is any author of things outside of blind nature? The pessimistic materialism of the empiricists deals with scientific facts that cannot be refuted, and to them life means a sport of universal nature, a birth, a few years of struggling with joy and pain, then death that ends all. A sad outlook, living for the present without hope or promise for the future. The last stage of the universe, as seen by the scientific empiricist, is thus pictured by Mr. Balfour: "The energies of our system will decay, the glory of the sun will be dimmed, and the earth, tideless and inert, will no longer tolerate the race which has for a moment disturbed its solitude. Man will go down into the pit, and his thoughts will perish. Matter will know itself no longer. 'Imperishable monuments' and 'immortal deeds,' death itself, and love stronger than death, will be as if they had not been. Nor will anything that is, be better or worse for all the labor, genius, devotion, and suffering of man have striven through countless ages to effect." And as Mr. James adds:

"That is the sting of it, that in the vast driftings of the cosmic weather, though many a jewelled shore appears, and many an enchanted cloud-bank floats away, long lingering ere it be dissolved—even as our world now lingers, for our joy—yet when these transient products are gone, nothing, absolutely nothing, remains, to represent those particular qualities, those elements of preciousness which they may have enshrined. Dead and gone are they, gone utterly from the very sphere and room of being, without an echo, without a memory, without an influence on aught that may come after, to make it care for similar ideals. This utter final wreck and tragedy is the essence of scientific materialism as at present understood."

Thus in the older systems we have to choose between the tough-minded and the tender-minded set, both possessing excellent qualities, but sadly deficient in giving complete satisfaction in supplying "a world formula." What we really want is a "system that will combine both things, the scientific loyalty to facts and willingness to take account of them—and also the old confidence in human values, whether of the religious or romantic type." There has always been a tendency to compromise betwen the two, but only in the last few years has it attained any significance. At present there is a tendency to pick out the good from all systems that may be of use in life, thus forming the basis of the philosophy called "Pragmatism."

The chief expounder of the system in this country is William James. We generally consider philosophers as wranglers over abstruse and inane propositions, "minds debauched by learning," a class of beings outside the pale of the workaday world; but James, with his sane attitude towards both the ideal and practical sides of life, puts the philosopher in the useful and productive class of society. Indeed, Professor James is himself a concrete living example of the system of whcih he is the champion.

Pragmatism comes from the Greek word that means "action." It stands for what is practical. In other words, it is *practicalism.* James says, "I offer the oddly named thing 'pragmatism' as a philosophy that can satisfy both kinds of the demand. It can remain religious like the rationalism; but at the same time, like the empiricisms, it can preserve the richest intimacy with facts." Pragmatism unstiffens all our

theories, limbers them up, and sets each one at work."

The greatest question that comes to each of us is, "What is truth?" Of the vast numbers of beliefs and ideas that are presented to us, which are the true? and which are the false? To the rationalist, the revealed knowledge, the fundamental principle that he has gradually established are the only things that are true. To the empiricist, those things that appeal to the senses only are true. But to the pragmatist, truth may be found in both principle and fact; to him things are true that "work" that lead to a definite result, that, on being accepted and put into practical application, tends to the increasing of the sum total of human happiness. The pragmatist takes a modest view of mankind's present knowledge. All the knowledge of the world is infinitesimal compared with the Knowable. We are entirely too ignorant to formulate a grand scheme of the universe. Instead of straining his vision to obtain a bird's-eye view of existing things, the pragmatist considers the things immediately about him and tries to pick out and establish a few facts that may be of use in life. "For rationalism, reality, is ready-made and complete from all eternity; while, for pragmatism, it is still in the making and awaits part of its complexion from the future." It is "growing in all sorts of places, especially where thinking beings are at work." Pragmatism demands a certain cash value from truth. It teaches that ideas to be true must lead us somewhere. While devoted to facts, pragmatism has not the ordinary materialistic one-sidedness of empiricism, for it holds that "if theological ideas prove of value to concrete life they will be true." If the idea of God and Christianity work satisfactorily to the betterment of human conditions and happiness, these ideas are true on pragmatic principles. *"The true is the name of whatever proves itself to be good in the way of belief, and good for definite, assignable reasons."*

We thus see that pragmatism starts with a clean page. "She has no prejudices whatever, no obstructive dogmas, no rigid canons of what shall count as proof. She will entertain any hypothesis and consider any evidence." In religion pragmatism has the advantage over both the antitheological empiricism and the dogmatic religious rationalism. "In short, it widens the field of search for God. Rationalism sticks to logic, and the empyrian; emiricism sticks to the external senses. Pragmatism is willing to take anything, to follow either logic or senses, and to count the humblest and most personal experiences. She will count mystical experiences, if they have practical consequences. She will take a God who lives in the very dirt of private fact, if that should seem a likely place to find him."

"Her only test of probable truth is what works best in the way of leading us," of what gets the best results out of life, both of the seen and unseen.

In the older medicine, and also in the medicine of today, empiricism plays an extensive part. A certain class of drugs, or certain forms of treatment, were found to do good in certain conditions. Thus systems of therapeutics have been evolved that were based upon past experiences. With the advent of scientific medicine, which has given us a clear insight into many of the functions of the body in both health and disease, and also a fair knowledge of the action of drugs, we have been able to break away from empirical methods, and to establish a more rational system of therapeutics. The present so-called regular system of medicine employs as far as possible rational methods, but when these fall short it turns back to empiricism. But with all our knowledge of the human body in health and disease, and with our intimate acquaintance with the action of drugs and other therapeutic measures, we are often brought face to face with dire failure. On the other hand, if we look about and consider the

other systems of treating disease, some long since abandoned, others still flourishing within our midst but beneath our recognition, we cannot help but admit that results are obtained even in cases where we have failed. Of the various so-called absurd therapeutic methods of treatment, that have flourished from time to time, the Royal Touch for scrofula, Bishop Berkley's Tar Water, Perkins' Matallic Tractors, Homeopathy, Osteopathy, Mesmerism, Dowieism, and Christian Science are most familiar. Can it be possible that all the vast number of cures that have taken place, following these various irregular practices, can be attributed to the fact that all of the patients were hysterical and neurasthenic persons? May it not be possible that these various systems outside of the ken of regular medicine, possess some virtue that we do not understand? Again, we frequently see older practitioners, men whose training has been meagre, who have not kept in touch with the advance of scientific medicine, and yet who inspire the greatest confidence in their patients, and who obtain results far superior to those obtained by younger men, fully equipped with the latest laboratory and scientific methods. If we look at the matter from a pragmatic standpoint, by considering things as true and valuable when they work or give results, it will be necessary for us to widen our horizon and consider with more charity those things which we have heretofore condemned to scorn. Modern scientific medicine, up to very recent times, has considered the human body as a machine made up of various chemical components, which as a whole obey certain physical laws. As far as we are able to know, all of these chemical and physical processes tend to serve and make possible the higher mental life, the life of knowing, perceiving, thinking, and acting. It is this mental life of which we are conscious, that we put into practical use, and which is seldom considered from a medical standpoint unless subject to definite disease.

As a connecting link between this higher mind and the machinery of the body, we have recently begun to recognize another most important element of life, the subconscious mind. All of those psychic activities that lie below the threshold of consciousness belong to the subconscious mind. So far we know very little about it, except that it seems to control involuntary life; it is very susceptible to the working mind, and in turn exerts a powerful influence, good or bad, over sensation, motion, and in fact all the finer mechanisms of the body. A great deal concerning the subconscious mind has been learned through hypnotism. In this condition we simply have a state of inhibition of the conscious mind, leaving the subconscious free to be influenced by external suggestion, through which sensation and motion, and also various processes of somatic life, may be influenced to an extreme degree. The value and importance of subconscious activity is just beginning to be realized by the medical profession, and the subject of suggestive therapeutics is rapidly coming to the front.

It is impossible to obtain a clear conception of this subconscious mind; perhaps, owing to the fact that it possesses certain very undesirable characteristics, it keeps itself very much under cover. It is a very ordinary animal kind of a mind and may be considered to be a connecting link between the purely mechanical parts of our bodies and our higher mental life. The subconscious is naturally subject to the conscious mind; but on account of a naturally crafty, ambitious nature it often frightens the conscious mind into subjection. The relation between the conscious and subconscious minds is exactly the same as between "Doctor Jeckel" and "Mr. Hyde." The former is constantly striving for the highest in life, while the subconscious is constantly dragging it down to its animal level, by fear and passion. Our body-cells become tired, sleepy, and at times have perverse appetites, and as the sub-

conscious mind becomes aware of these sluggish and weak desires it immediately whispers it to the conscious mind, telling it that it needs more rest, more sleep or perhaps more alcohol. The least pain or discomfort becomes the subject of gossip between the two minds, leading the higher mentality to become frightened, and it immediately begins to think it had better stop work and give its body more rest, and at the same time listens anxiously for new messages of trouble. For unknown reasons, but from well-known facts that everyone has experienced, as soon as we become afraid and begin to look for unfavorable news from our bodies we will generaly get it; and moreover, this fear and giving up to the subconscious invariably exerts an unfavorable influence upon the functional processes of the body. It is a definite and well-known fact that in almost every organic disease a scared, pessimistic patient will have a more serious time than a happy, optimistic, and cheerful one. In most functional neuroses, the mother of which is hysteria, we probably have nothing more than a condition where subconscious, erroneous ideas dominate over the conscious mind and also over somatic life. Neurestheasia is the partial surrender of the conscious to the subconscious mind. While the subconscious is naturally useful, it has a tendency to usurp its proper place and dominate over our higher mentality by fear, dragging us down to lower and lower levels of worry and despair. The subconscious mind is not a theoretical conception, but it is a definite psychological fact, and while it tends to destroy confidence and instill fear into the conscious mind, it at the same time can be put into absolute subjection by our higher mentality. The strenuous life of the present time is being blamed for many of our mental and bodily ills, but if we go to the bottom of the matter we will probably find that our nervousness, or lack of self-assurance, our fears, our doubts, and anxieties are due to the fact that we allow the subconscious mind to predominate over our higher consciousness and will. We are living the life of a "reflex frog," whose higher brain centers have been destroyed. The question is how to strengthen the higher mind, in order to put the lower into subjection, and this question is answered in the life of every man or woman who has ever accomplished anything. To have something to think about outside of our own selves, to have a definite purpose in life and believe in something good, something better than ourselves, to be so sincere that that purpose becomes the most important thing in our lives, so important that we can work for it, pin our faith to it, and when we are down and out we can gain strength and hope from it, is the keynote in giving such strength to our conscious mind that it may be able to control the rest of our being. The great mass of neurotic individuals who make life miserable for themselves and those about them, generally live with no higher purpose than to make a few more dollars than their neighbors. Their minds are so full of the unimportant details of living that they become an easy prey to subconscious fears.

The conscious mind gains strength and ability to subdue the subconscious by placing its faith and confidence in external things, and the higher and the better this external support, the nearer we approach the realization of the idea that it stands for, the greater will be the strength the conscious mind will receive. To those sick in mind and body the various objects and ideals on which they have placed their faith and reliance have varied through all conceivable stages, from the thousand millionth dilution triturate to the idea of God. Throughout the ages, for some unaccountable reason, mankind has had an inborn craving for drugs and noxious mixtures whenever he is ill; and possessing great faith in these, the sick man will often derive benefit in spite of their harmful or useles na-

ture. In most cases of our elaborate empirical drugging, in the osteopath's manipulations, in the application of electrical pyrotechnics we are dealing with means that appeal to the credulity or the faith of the patient, and the confidence that these inspire in his conscious mind will involuntarily make him disregard his subconscious complaints. Granting that these therapeutic measures may possess real virtues in affecting the body cells, nevertheless it must be admitted that these methods carry with them a suggestion that gives results in proportion to the faith the patient has in the procedure. As a rule, the more elaborate the means of carrying suggestion, the more profound the sensory impressions produced, the greater will be the resulting faith. Thus, the suspension of a floating kidney will come nearer to curing a neurasthenic than the simple administration of nux vomica or assafetida. We are all practicing subconscious therapeutics without knowing it.

As we are tending towards a pragmatic philosophy, towards a rule of life, employing anything and everything that "works," would it not be well to consider those things that "work" in other systems of treating disease, and applying them to our own? In all of these various systems the scheme is to give suggestions either by material or mental means to the conscious mind, suggestions that are able to allay the fears arising in the subconscious mind, and at the same time exerting a beneficial influence upon the body. How this method works we do not know, but we do know that in the majority of instances it does work. The success of the system depends upon the faith-inspiring qualities of the object offering the suggestion, and its ability to give support and strength to the conscious mind. This suggestion-carrier may be a concrete substance or an abstract ideal. It may range from a homeopathic globule to the most disagreeable product of polypharmacy, from massage to major operation, from the mere word of the trusted family doctor to the word of God. It goes hand in hand with the devotion to any cause, with work for definite ends, and the search for the realization of ideals. In all of these, from the lowest to the highest, we have an object to which we may pin our faith, a prop upon which to lean, and the assurance that they give us helps us to disregard that "fear-thought" that is constantly arising from the subconscious mind.

The much scoffed at, ridiculed, but rapidly growing system of Christian Science deserves consideration from the pragmatic standpoint. From all that can be learned, and from the great number that are giving up their doctors and their church there must be in this movement something that "works," at least for some people. It may be impossible for us to ignore with the Christian Scientists the existence of matter, pain, and evil, but we must admit that they have at their disposition the most potent factor for the administration of suggestion, the strongest support for the conscious minds of the greater numbers of civilized beings and that is the life and teaching of Christ. From the various philosophic view-points Christ is given different values. The religious rational minds accept him literally in every detail, but comparatively few put Christ's teaching to a week-day use; the majority consider him as an ideal conception, a divine principle too sacred to be dragged into the common mire of every-day life. The empiricists, on the other hand, consider Christ as a good man of historic or mythological origin and give no more importance to his life than to that of any other good man who has ever lived. The Christian Scientists have accepted Christ (perhaps unknowingly) on purely pragmatic grounds. They realize that to the great mass of human beings Christ offers the best example, the truest guide and the strongest prop that the conscious mind can lean upon. He can furnish such strength to the higher

mental life that the subconscious can be put into perfect subjection. From a pragmatic standpoint, Christ may be divine or human, real or mythical; he may have been a real being or only an ideal conception. Whatever he is or was makes no difference, but the thing that does count is that the idea of Christ, the record of his life and works, have been the most potent factor in the progress of civilization, and has given to enoromus numbers of individuals comfort, happiness, and support. The idea of Christ is an idea that works; it works for good, definite, and practical ends, and from a pragmatic standpoint must be considered as true. The church has accepted this idea of Christ as an abstract truth; Christian Science has applied it in a concrete manner. The reason for the rise and spread of Christian Science, according to Dr. Cabot is "partly because the church has lost its interest in the human body, and partly because doctors have lost their interest in everything else. Christian Science comes and triumphs because it reasserts (though in an unscientific and unchristian way) the truth that religion has something to do with the bodies as well as with the souls of men." Alone, all of us are weak; we cannot exist normally without the aid of a great external force. To a few the loyalty and devotion to great ideals of any kind may be enough, but to the majority of individuals, history and experience have shown that the religious idea is that which gives most universal strength. But ideals of all kinds are useless in the abstract. To give strength they must possess concrete values. Taking it in its broader sense, it must be admitted that the church has failed in these practical lines. The people are crying for help, for substantial and concrete support that may carry them over the trials and vexations of every-day life. They ask for bread on which to feed their weak and anxious spirits, and in return how often do we see the church handing out the cold stone of theological dogma, abstract principles for this life, with the promise of rather a questionable form of happiness after death?

Christian Science offers Christ as a useful, commonplace, every-day idea, in a way that both the church and the medical profession often fail to do. Christian Science like all new projects, is crude in the beginning. It may be involved with many absurdities and inconsistencies, but nevertheless the fundamental, or working, principles of Christian Science promise to stand for a very considerable factor in the progress of both the practical Religion and the advanced Medicine of the future.

Realizing the value of suggestive therapeutics, especially as applied by Christian Science, a new movement has been started by Dr. Worchester and his associate, Dr. McComb of Emanuel church, Boston. Their method consists in first having the patient examined by a medical man, in order to exclude organic disease, and after the condition is found to be entirely functional the case is treated purely along lines of suggestion, made effectual by the proper application of the teaching of the church. That is, by putting the patients in possession of themselves, of interesting them in life, giving them a grip on reality that aids them in overcoming all morbid fears and weaknesses. As Dr. Cabot says, "It consists in assisting a large body of sad, dispirited men and women to face the problems of life, and to bear their burdens more cheerfully, in consoling the distressed, guiding the doubtful, in counseling the despondent, and in deterring persons meditating suicide from the accomplishment of this purpose." Many of the leading medical men have heartily endorsed this movement, chief among them being Dr. S. Weir Mitchell, Dr. L. F. Barker, Dr. James J. Putnam, and Dr. Richard C. Cabot.

The same line of work has been inaugurated by Bishop Fallows of the Reformed Episcopal Church in Chicago. In both of these cities the work is meeting with success and will prob-

ably be taken up in many other localities.

The main question, however, is, How can each individual doctor who strives to be up-to-date in therapeutic methods apply this old but long-forgotten and seldom used principle? The doctor may be unable, on account of faulty education or from a mind sclerosed by early prejudices, to accept religion personally; but he is bound to admit that the ideas of religion and of Christ, when properly applied, exert the most powerful influence on humanity at large, giving them a grip on life, putting them into possesion of themselves, and freeing them from the whinings and complainings of their subconscious minds. If the doctor considers religion from the pragmatic standpoint, using those ideas that 'work" to the good of his patients, he will not only obtain better results from his material treatment, but he will himself be elevated out of his impirical and pessimistic depths. On the other hand, religion, as it soars through spiritual heights, must be pulled down by pragmatism to meet the needs of common every-day life. If religion has any use in the world, one use is assuredly to put an individual into possession of himself, to make him feel his own strength. and self-control, through the agency of higher ideals. But how often does the church antagonize this idea by putting into its prayers and hymns certain self-abusive epithets, constantly calling attention to men's vileness, sinfulness, and insignificance? Would it not be better if the church taught the same regard for man as is taught in the Science of Evolution? that man is "not a degenerate descendent of the sons of gods, but the heir of all the ages, with head erect and brow serene, confident in himself, confident in the future as he pursues his gradual path of an aspiring change." That doleful, monotonous refrain, "Have mercy upon us miserable sinners," is hardly conducive to a cheerful state of mind. Perhaps it is true enough but is it necessary for us to always be contemplating our sins? From a pragmatic standpoint it would be better to have them absolved at so much per, and then forget them altogether. Another most unhygienic practice of the church is its system of bluffing people into being good by instilling into their minds the fear of punishment. Fear from any cause begets weakness. The church that "works" is the one that will instill into its followers the great life lesson of self-reliance. It is along this line that the Emmanual movement is inadequate. Here they deal only with functional disease but is it not even more important for the man who is really ill to have his fears allayed, his reliance in himself strengthened as much if not more than the man who is ill only in a subconscious way? If the religious idea is of any value to sick humanity it must be of universal use; it must be of value to everyone of us, and must give us courage and strength, when we are really down and out, in the same way as when we only think we are.

Goethe says: "Mankind is always advancing, man always remains the same; science deals with mankind." The same may be said of medicine. The scientific advancement of medical knowledge is diminishing pain and suffering, and is aiding in preserving life and health throughout the world. Mankind is reaping its benefits, but man is the same weak and fearful creature, seeking for something to grapple to in the struggle for existence; and when he is in the clutches of pain and sickness he needs more than ever that which "sustains and soothes." As growing and advancing physicans, we must assume a pragmatic attitude, using the things that "work" for good; and in treating the body, remember that, at the same time, we have a "mind diseased."

35 Willoughby Building, Indianapolis, Ind.

THE PRINCIPLES AND PRACTICE IN THE TREATMENT OF WOUNDS.

By John W. Sluss, A. M., M. D., Professor of Anatomy and Clinical Surgery in the Indiana Medical College.

We do not speak of the treatment of operative wounds. Asepsis and accurate reunion make them a lesser consideration. We do not speak of those injuries which imply operative treatment, such, for example, as involve the bones or the viscera. We mean to consider briefly only wounds of the *soft parts*, which constitute a large part of the "daily bread" of the general practitioner—wounds which our surgical texts so often lightly dismiss as matters merely of minor surgery. But "minor surgery" is a term too frequently employed, for it is calculated to create the impression that such conditions as do not immediately endanger life or limb are not worthy the best surgeon's best thought; and to engender carelessness and indifference in current practice.

There is but one kind of good surgery, whether major or minor—that which aims to restore the parts at the earliest period possible to their normal form and function. The restoration of form and function, therefore, is the constant aim of the treatment of wounds. The means by which we attain that end involves certain principles of treatment which must always be kept in mind. These are antisepsis, hemostasis and coaptation, which, for that matter, are principles so well understood that we need not consider them specially, but may proceed at once to discuss their practical application to the various conditions which confront us in the day's work. It can not be said that we always apply these principles well; certainly it is true we do not all meet the indications in the same way and no doubt all of us at times find ourselves abandoning procedures which we had imagined secured irreproachable results. Even though our conception of the theory be quite correct, yet the practice may be faulty. It is so easy in matters of minute detail to overdo, or abbreviate, or omit entirely certain steps essential to the best results.

Suppose an INCISED WOUND: Begin by disinfecting your *hands*. This is a step too often neglected, and which is responsible many times for the failure to secure union by first intention. Most incised wounds are, in effect, aseptic and need only be treated with sterile hands and sterile solutions to avoid infection. Even though the wound is made with an unclean instrument, yet the free bleeding which usually follows washes out infection. If, then, suppuration eventually occurs it may generally be attributable to some fault in the surgeon's technique.

The hands, therefore, must not merely be washed; they must not be desultorily and perfunctorily rinsed in some strong antiseptic solution, but must be thoroughly and patiently cleansed by lathering with soap and water, scrubbing with brush or gauze, attending in turn to the dorsum, the palm, the spaces between the fingers and the finger nails. Complete the disinfection by a bichloride bath and rinse with alcohol. Alcohol meets so many of the requirements of antisepsis that a supply should always be near at hand. In the treatment of wounds of any moment, time thus spent on the toilet of the hands is time gained in the way of wound repair.

Proceed next to *cleanse the skin* adjacent to the wound. This is another point in which we too often err. Every one knows that disinfecting the skin is essential to success in the management of operative wounds. It is equally so in the treatment of accidental wounds. To cleanse the wound however completely and yet leave adjoining it an infected integument is surely to invite trouble. The cleansing of the field, then, is in every way as important as the preparation of the hands. First, cover the wound with a sterile compress and then lather and

brush the skin and rinse with bichloride and alcohol. If the skin is especially oily ether may be employed to dissolve the fatty substance.

And now the *wound itself* is to be considered. Its lips are to be spread apart and all clots and debris carefully wiped out, using a compress of sterile gauze. Absorbent cotton so often employed, even if sterile, is by no means ideal for this purpose. The main thing at this stage is to secure a complete hemostasis. Now is the time to ligate all bleeding points that a compress or forci-pressure will not suppress. Another thought: do not flood the wound with strong antiseptics. It is certain that such wounds heal kindly not because of, but in spite of, strong bactericidal solutions. I still occasionally use bichloride, or carbolic acid, or Lysol solutions, but am convinced that as good results are obtained by cleansing with sterile water or normal salt solution. But whatever solutions are used, remove all clots and be assured that no more will form to become a culture medium for such vagrant germs as have escaped the cleansing. The hemostasis becomes, therefore, a matter of antisepsis. It must be complete.

The matter of *repair* is now to be considered. One point alone needs to be emphasized—the suturing of deep wounds should be done by layers. It goes without saying that divided nerves and tendons should be sought for and sutured, but that is not sufficient. In order to secure the best functional results and to promote rapid repair, the divided muscles, the deep fascia, and the skin must be sutured separately. Too often, in haste, we content ourselves with a single layer of inclusive sutures, but it is a mistake to do so. The method insures nothing more than an imperfect coaptation. Suture the muscles, endeavoring to restore the continuity of each; get the edges of the divided deep fascia in accurate contact; finally suture the skin and you have thus taken the steps most favorable to a complete reunion and restoration of function. Catgut, plain or iodized, is the best suture material for the deep layers; and in extensive wounds the continuous stitch may be employed. For the skin sutures one has the choice of silkworm gut, silk or even catgut, provided there is not too much strain. Catgut is being more and more employed for skin repair. The interrupted suture is best.

We have in this connection to consider the question of *drainage,* which like hemostasis is a matter of antisepsis, since its purpose is primarily to remove the exudates likely to nourish bacteria. If one can be measurably sure that he has converted an accidental and presumably infected wound into an aseptic one, he may dispense with drainage. On the other hand, if the vulnerating instrument is obviously unclean; if the wound has been neglected, or, what is worse, if it has had "first aid" treatment at the hands of the uninitiated, who have dressed it, let us say, with a handkerchief somewhat the worse for use, then the wound should be drained. The rubber tube is the best form of drainage under these circumstances, and it need not be large to be effective. Sterile soft rubber catheters, duly fenestrated, serve the purpose well. Usually it will be sufficient to insert the tube after the deeper layers have been sutured; in other words, superficial drainage is the most important. In the case of small wounds the tube may be dispensed with and a strip made of two or three folds of rubber tissue used instead; or, if the object is merely to keep the lips of the wound separated at one point for a few hours, a few strands of catgut may be employed. If a tube is used it should be removed at the end of forty-eight hours, if in the meantime no signs of infection appear.

The wound having been sutured and drainage provided, if necessary, the *dressing* is applied. The commonest form of dressing for wounds of this class consists of sterile gauze, covered with adsorbent cotton, and all held in place by a firm bandage.

A good dressing is ample, sterile and absorbent. Many dressings otherwise excellent fall short with respect to the first property. What can we expect of a dressing if the patient can lift its borders and inspect the wound? Let us repeat, the dressing should cover the field and be so fixed with bandage or otherwise that it will not slip or rub. The dressings should be changed as often as soiled. If a drainage tube was used the first change will need to be made at the end of the second or third day.

If in spite of care *infection occurs,* indicated by a disturbed pulse and rise of temperature, it will be necessary to remove one or two of the superficial stitches, which will afford an avenue of escape for the exudates and prevent the spread of the infection to the deeper tissues. If such treatment is delayed, it may be necessary to lay the wound open and install tubal drainage. It is imperative, therefore, to watch the pulse and temperature closely for the first two or three days.

Incised wounds of the *face,* where it is especially desired to avoid scarring, may be repaired by the subcuticular suture, or the coaptation may be obtained by zinc oxide adhesive plaster. In other cases the exudates may be allowed to dry on the wound, which will be thus amply protected against bacterial invasion.

Scalp wounds usually heal readily contrary to what might be expected, considering that the hair is habited by all sorts of germs. This willingness to heal is due to the rich blood supply of these tissues, so that we have only to make a reasonable effort at disinfection and nature will do the rest. The hair should be shaved in the immediate vicinity of the wound and the skin cleansed, while the wound is protected with sterile gauze. The wound itself is then freed of all debris and carefully coapted. In all but the larger wounds it will be sufficient to cover the wound with sterile vaseline or other antiseptic ointment and seal with collodion.

Incised wounds of the *fingers,* especially those accompanied by more or less contusion, should be sutured primarily, but the sutures should not be tied for a day or two, else the swelling, which is almost certain to occur, will cause them to cut out, or at least produce such tension as to interfere with repair.

PUNCTURED WOUNDS in practice are always to be regarded as infected. Their treatment differs quite materially from that described above. It is the certainty of infection that modifies one's course. Both by the manner in which the tissues are separated and by reason of absence of bleeding, which is nature's method of disinfecting, such germs as are carried in are likely to stay. It should be a constant rule of practice, therefore, that all such wounds as can not be swabbed out with antiseptics and certainly freed from all foreign matter are to be laid open freely and to the bottom, and in such manner converted into an incised wound. Peroxide of hydrogen is especially indicated in the cleansing of these wounds, since it is more than ordinarily inimical to the anærobic bacillus of tetanus, which we always fear in the neglected cases.

CRUSHING AND LACERATED WOUNDS of the soft parts are solutions of continuity whose treatment differs interestingly from that of incised wounds. Most commonly we find them affecting the extremities. To make them aseptic and keep them so furnishes some special problems. Such wounds are not likely to bleed much. Infection is not merely in the wound, but is in the tissues, ground in perhaps with grime and dirt. The best agent to remove grime and grease from an injured hand, as Marsee pointed out long ago, is gasoline poured on freely. Subsequently the skin and the wound are to be cleansed in the manner before described. But the treatment of the wounded area must be especially painstaking. Every nook and corner of the wound, every bit of the mangled tissues must be washed and wiped separately in patient detail. It is only

at this cost that one may escape infection. Normal salt solution is probably the best agent for cleansing, although there is no objection to any of the antiseptics if they are not used in such strength as to further compromise the vitality of the tissue cells. The cleansing is completed by an alcohol douche. Once the disinfection is finished, it remains only to apply the dressing, for suturing is usually out of the question and drainage, additional to that furnished by dressings, unnecessary. A dressing of moist gauze, covered with absorbent cotton and held in place by a firm bandage, is commonly employed. For the past two years I have used for this class of injuries a treatment which has given complete satisfaction and which has, I believe, some points of superiority over that ordinarily used. It is likewise adaptable to the more serious lacerations of the extremities, where amputation must be considered as a possibility. After the searching cleansing described, the whole wound area is carefully packed with gauze saturated with an antiseptic ointment, bandaged and the limb put at rest. The special feature is the antiseptic ointment employed, which follows the formula originated by my friend, Prof. Reclus, of Paris. This formula I have modified for my own use, with considerable improvement with respect to odor and appearance, if not to efficiency. The ointment, which I have put up in small jars, contains: Hydrarg. chlor. corros., carbolic acid, boric acid, salol, antipyrine, aristol and vaseline. If some critic should suggest that this is a "shotgun" prescription, we answer that the ointment is antiseptic, hemostatic, analgesic and to some degree keratogenic; what more is left to be desired? Often a single dressing is all that is required. Under this form of treatment any serious infection is rare indeed. To those who might wish to change their routine I can recommend it for trial with the sole reserve that its use does not give one license to curtail the primary cleansing in any respect. When once the danger of infection is past and granulation proceeds, but proceeds sluggishly, balsam of Peru has seemed to me to meet the indications best.

Finally, it must not be forgotten that in the more serious injuries of this class when healing is tedious and prolonged, skin-grafting, perhaps not often enough employed in general practice, plays a helpful and salutary role.

No. 217 Newton Claypool Building.

THE DIAGNOSIS OF PUS IN THE PLEURAL CAVITY.

BY A. C. KIMBERLIN, M. D., PROFESSOR OF CLINIAL MEDICINE, INDIANA UNIVERSITY SCHOOL OF MEDICINE.

Read Before the Greencastle (Putnam County) Medical Society, April 30, 1908.

The presence of pus in the pleural cavity, coincident with or more frequently secondary to the various infectious diseases, is of such frequent occurrence that a brief review and discussion of some of the more important points in its consideration and means of its recognition should be more or less helpful to all engaged in the practice of general medicine. We must keep prominently in mind that in all infectious diseases, especially those involving the lungs, infection of the pleural membrane is to be strongly suspected if the primary disease does not run the usual course, or terminate in the ordinary length of time. Even in cases of so-called traumatic empyema the infectious element is only engrafted at the time of the injury, or is made possible by such an injury; consequently if there develops a clinical history of sepsis with or following closely the injury, the diagnostician should at once make an effort to disentangle the clinical picture of the primary disease from the secondary trouble.

Of all the diseases operating so actively in the production of empyema,

tuberculosis and pneumonia are by far the most frequent and potent factors. The pleurisy of typhoid infection is probably always purulent from the onset, as is that resulting from scarlet fever in children, and other zymotic diseases of childhood. Malignant diseases of the œsophagus and tubercular ulcers perforating the pulmonary pleural membrane cause primarily a purulent pleurisy. Most frequently, however, in the tubercular pleurisy the exudate in physical appearance is serous or sero-fibrinous, but a close examination of the exudate shows it not to be sterile, or, if sterile at first, the exudate subsequently becomes infectious, and generally of a mixed infectious.

Often, from various reasons, we are not able to determine the presence or variety of micro-organisms present by smears, cultures or inoculation methods, and therefore we must depend largely on the physical appearance of the fluid obtained by punctures. It should be borne in mind that pus in the chest will frequently, as when outside of the chest, show a tendency to separate into layers, the heavy and more purulent portion settling to the lower part of the pleural cavity; hence, a needle introduced high in the fluid will obtain a clear fluid, while another introduced lower down will withdraw fluid rich in cells and of altogether different physical properties.

Another condition along this line, which I once had the good fortune to not only suspect, but demonstrate. There may be present in the pleural cavity both encysted pus and a free serous exudate, filling the pleural cavity. In this instance the serous exudate, perfectly clear, occupied the pleural space covering the lower portion of the surface of the lung, and was the result of the irritation of an interlobular empyema, which was walled off from the main pleural cavity. In this particular case a young man who had recently had an attack of lobar pneumonia and whose temperature and symptoms were strongly suggestive of some additional infection superadded, did not make the steady or progressive improvement expected, showed a continued and irregular temperature curve and other symptoms of sepsis. It was easy to recognize by the physical signs the presence of fluid in the right pleural cavity, but the breath sounds over a small spot in the anterior axillary line at about the seventh interspace caused me to make a puncture at this point. On entering the pleural cavity it was easy to withdraw a clear, amber-colored fluid, but the clinical picture was so strongly suggestive of pus somewhere that, without withdrawing the needle, I introduced it to a depth of about two and one-half inches, and finished filling the syringe with a thick, rather yellowish pus, having evidently punctured an interlobular empyemic cavity.

Empyema, the result of pneumococcus infection alone, is most apt to be small in amount and the pus of a very thick and creamy appearance, but if there be present the pus coccus the amount may attain great proportions and be much less benign. The empyema of pneumonia properly treated is much more cetainly and quickly cured than that of tuberculosis. The diagnosis of empyema, so far as the clinical symptoms are concerned, might be said to be comparatively easy, but how little credit to a physician who recognizes pus in the thorax only after a quart or two is present, and the life, or at best the future health of his patient has been jeopardized.

The etiological history of empyema should always be given great weight, bearing in mind its frequency as the sequela of tuberculosis and pneumonia in adults, and zymotic diseases in children. Special stress should be laid on the frequency with which the so-called "unresolved pneumonia" on more careful examination will be found to be empyema. The above facts, together with a close study of the clinical history of sepsis, will almost alone enable

one to make a diagnosis, reserving our means of physical diagnosis to localize the trouble, estimate the amount of damage to the lung and predict with some certainty the completeness of recovery after proper treatment.

I shall not ask your indulgence to review all the physical signs of pleural exudates, but would like to add emphasis to two or three very notable ones. Auscultaing breath sounds is very essential, but is variable, throwing greatest light on the condition or degree of involvement of the lung tissue, and giving a fair idea of what the post-operative condition of the lung will probably be. But in the recognition of the presence of fluid in the pleural space and the probable character, when in large amount, a close familiarity with the voice sounds on auscultation is of inestimable value in detecting an outlying fluid. The quality of voice known as egophony, or the nasal intonation of the text-books, is a quality so peculiar as not to be described or intelligently communicated from one to another, but is a knowledge acquired by practice alone. It is a most reliable means of outlining even small amounts of fluid when once the art is thoroughly mastered.

One other sign is the para-vertebral dullness obtained by percussion. The spinal column on percussion, when surrounded on either side by healthy lungs, gives a certain resonance; but when the bodies of the vertebra are encroached upon or over-ridden by fluid, large or small in amount, at that place is a dullness, relative in amount, of course, but distinct, which extends beyond the vertebral column on the sides opposite the ffuid in a triangular shape, with the base downward, being formed by the lower border of the opposite normal lung. The apex of this triangle of dullness is directed upward, usually about the level of the fluid. This is known as Grocco's sign, and was found by Thayer and Cushney in thirty out of thirty-two cases of pleurisy with fluid exudate. I have been able myself to demonstrate this sign in ten out of eleven cases the past winter. The chief stumbling block in a differential diagnosis of empyema is from an unresolved massive pneumonia, and in this particular instance is Grocco's sign of most help, as it is not present in simple pulmonary consolidations.

One other sign about which little is said in the text-books, and to which not enough attention is given in practice, is the sign of tenderness on pressure. To this sign Musser attaches great importance, insisting that it was quite constantly present. Personally I have found it of very great help when examined for in the proper way and at the proper time. Pressure should be conducted methodically, using the finger tips, following each interspace from the spine forward to the free edge of the ribs. The pain may be present at one time, and later disappear unless the pus seeks an opening externally, as it does in some instances, when as the process progresses the tenderness to pressure will be much greater. This sign is much more constant when the empyema is in the lower portion of the thorax. For deep or interlobular empyema the pressure should be firm and heavy; otherwise light pressure is sufficient. Unfortunately our surgical confreres neither make claim or know much of the physical diagnosis of empyema; hence, in this particular disease a great responsibility devolves upon the general practitioner. For the early recognition of pus in the thorax he alone is charged, and with its location and amount and for the probable outcome of the lung he is expected to know, by both the patient and surgeon; consequently the importance of familiarizing ourselves with all symptoms, and particularly physical signs that will enable one to detect the presence or absence of tuberculosis and the extent of pulmonary damage done, the presence of adhesion and whether the lung will expand sufficiently to effect a satisfactory cure. Of all the means at our command to effect a satisfactory

diagnosis none are of such positive value as the exploratory puncture, a procedure which, by the general practitioner, is by no means practiced often enough.

In this connection I want to add that the use of too small a needle is often the cause of failure to find fluid, and particularly pus, in the pleural space. How often do we see the hypodermic needle thrust into the thorax with negative results. Such a practice is worse than useless and should never be done, as it is just as likely to carry infection as a large needle and often leads us astray from a correct diagnosis; secondly, the fear in the minds of many in making such puncture. To be sure, sudden death, pneumo-thorax or infection of a sterile fluid are among the possibilities, the first two occurring so rarely as not to be given any weight against the good to be had; of the possibility of the latter carrying infection, the dangers have been greatly overrated, for when done under proper antiseptic precautions the possibility of infection is practically nil. Yet many cases from which clear and seemingly sterile fluid has been previously withdrawn will subsequently become, as the disease advances, purulent; but, as before mentioned, this clear and seemingly sterile fluid contains the organisms of infection, and such cases from the first should be classed and treated as empyema.

Again, the debris containing the cells and micro-organisms may have settled to the lowest part and only the upper stratum of clear fluid has been withdrawn; while at another time in a different location or position, or at the operation, pus in abundance may be found. In both the above instances how easily and how frequently is the examining physicion charged with having carried infection into a previously sterile exudate. Practically the only sterile exudates found in the pleural cavity are those of mechanical origin, due to hæmatogenous changes or circulatory disturbances. Those occurring in connection with or as a squela of infectious diseases are, regardless of the physical properties of the fluid, practically always infectious in character from the beginning and should, as in all empyemic cases, be promptly treated by proper surgical measures. Another means of diagnosis of value taken in connection with the clinical and etiological history is the use of the X-ray. Unfortunately such apparatus is not always available and frequently, too, patients suspected of having pus in the thoracic cavity are, owing to the severity of their primary illness, not able to be moved from their bed or taken to a place where an X-ray machine can be operated. Consequently outside of hospital practice this means of diagnosis is seldom available. Therefore the eitological history and physical signs confirmed by exploratory puncture must be relied upon, and these are usually sufficient to make an early diagnosis practical in most all cases. Rarely, though, will all efforts and means fail, as in a case I saw recently of a man aged 50, who, four weeks previously suffered from an attack of influenza of a bronchial type, and developed a typical septic temperature with free prespiration, small amount of albumen in urine at times, some nausea, loss of appetite and weight with all the physical signs of fluid in the lower right pleural cavity. Punctures made in different places failed to reveal anything more than a small quantity of serum. After ten days of continued septic history another series of punctures were made, with the same results. An examination of the sputum at this time showed the pneumococcus present, a leucoctite count of 21,000, in fact, all the signs and symptoms of pyothorax. With great difficulty he was moved to the city and taken to the hospital, where an X-ray picture might be made, which confirmed all the physical signs of fluid in the right thoracic cavity. Again another series of punctures was made without finding any fluid at all. This

patient was given a rest and proceeded without further aid or interference to make a complete recovery.

NOTES ON SCLERODERMA.

By the Editor, A. W. Brayton.

The attention the writer has given in this *Journal* to the vaso-motor and trophic disorders, especially those connected with diseases of the visceral organs, warrants some notice of another of the rarer forms of this group, namely, Scleroderma. This is especially fitting at the present time, as there is now in the Eleanor Hospital for Children in Indianapolis a marked case of this disease in a girl of five years, which it would be very desirable to have as many physicians as possible to see. Any physician of the city will be welcome. The writer's attention was called to it by Dr. A. M. Cole.

Scleroderma is in no specific sense a "disease of the skin." All that is necessary to know about it in a general way may be found in the two condensed pages of Osler's Practice of Medicine, discussed in connection with the other members of the vaso-motor group. These are Raynaud's disease, Weir Mitchell's red neuralgia of the hands or feet, angio-neurotic edema, facial hemiatrophy, acromegaly, which includes a half-score of abnormal processes of growth, chiefly in the bones of the face and extremities, and finally in the ordinary groupings in books on Practice or of Nervous Diseases, the rare condition of the skin and subcutaneous tissue known for over a hundred years as scleroderma.

The disease is rather a symptom, a squel, than an entity, and yet it is so striking in its extreme forms that it rivets the attention of both the laity and the profession as much so as Xeroderma pigmentation or Icthyosis hystrix. For scleroderma may in its extreme diffuse symmetrical forms make the entire skin rigid, tense and hard like that of a frozen corpse or a cadaver preserved by injections of formalin, and the features of the face may be Gorgonized both to the sight and touch. The mouth can scarcely be opened, the lips are half closed, the chest walls bound so tight that breathing is difficult. The skin does not pit on pressure, nor can it be pinched up by the fingers. As the atrophy continues the limb of the adult is reduced to the size of that of a child, the joints are ankylosed, the hands distorted by the curled-up fingers and the various members look and feel like ivory carvings. Outside of the mutilations of the infective granulomata, syphilis, leprosy and their congeners, there is perhaps no other disease that can give the human form so ghastly and corpse-like an aspect as the extreme cases of diffuse, atrophic symmetrical scleroderma.

Besides the extreme forms mentioned above there is the more common, but elenically and anatomically allied form known as "Morphea" (a blotch) or "Circumscribed scleroderma." It occurs in the appearance of patches or bands, the latter more usually upon children. These patches are of a dead white or old ivory color, an inch or two or more inches in diameter, level or nearly level with the body, and surrounded with a narrow lilac or pink zone, made up of minute dilated vessels.

These white, dry, parchment-like or yellowish areas may extend from the wrist to the elbow, as in the case of a woman in middle life which I recently saw by courtesy of Dr. Charles E. Ferguson, of our city. There was also a large patch three inches wide between the breast and point of the shoulder, which was surrounded by a violet-purple border. The entire shoulder was swollen. There were anomalies of pigmentation not uncommon in morphea. There was pain, tingling and itching. Such patches may be few or many; they may last a

year or ten years; some may go and others may come. They may extend or remain stationary. There may be permanent atrophy or complete restoration. With the patches there may be intermingled telangiectases, areas of pigmentation and atrophic striæ. Finally, mixed cases may occur, in which there is a combination of both the diffuse symmetrical sclerodema and the circumscribed form, usually called morphea.

The writer has seen all of these forms. Of the diffuse form three cases have been known to occur in Indiana —one patient, a woman, several years ago died in Rensselaer with all the extreme marks of diffuse symmetrical scleroderma. She was rigid, the features were Gorgonized, the limbs atrophic, the hardness extreme. I only know of this case by newspaper notes and correspondence with physicians.

Another case sent to the writer by Drs. William H. Gillum and Marion Goss, of Rockville, Ind., in the spring and summer of 1904, was a woman of 40 years, in whom the disease was far advanced. Rheumatism had preceded the infiltrated stage; the hands and the arms were first affected; milking soon became impossible. Finally the chest and whole upper body was involved; atrophy followed and the fingers were tapering and incurved. She could not dress herself. Cancer of the breast, which had begun before the scleroderma, fortunately terminated her life before the features were much involved. Thyroids were given following Dr. Osler's experience and advice, but without apparent benefit. Also electricity and massage for her comfort and mental relief.

The third case of this form, which begins with induration followed by atrophy, was also a woman—most cases are females. She was under the care of Dr. Masters, of Indianapolis, who was treating her eyelids affected with the disease and guarding against cold and instituting a general hygienic and roborant treatment. She was afterwards a neighbor of mine and I saw her often. The disease was steadily progressing, affecting her hands, arms and upper body and was a hindrance to respiration. The general color of the affected parts of all three of these cases was a dark red, with few white areas intervening. She went to California with her husband for her health and I lost sight of the patient. But like the two others, this case was atrophic, and such are marked for death. General emaciation, marasmus, intercurrent disease of the lungs or kidneys determine the fatal exit.

Ordinary cases of Morphea are not so rare. They are not striking or distressing to the patient if on the covered parts, and they do not seek relief or they are overlooked. They are not diagnosed and most of them get well with or without much scarring. The late Dr. W. B. Fletcher once sent me a marked case of the mixed form. The lower limbs were affected in areas from the ankles to the body. She recovered in two or three years. I have seen her often since. She is now in good health. I have seen no less than eight or ten cases in private and in dispensary practice.

One case I treated by electrolysis after the method of Pringle, inserting the needle from the negative pole of a current of from five to ten milliamperes into the borders of the patch. The process went no further, but that is no proof that the destruction of tissue by the needle cured the lesion. Caustic treatment of morphea generally does more harm than good, as is the case with lupus erythematosus.

Pusey, of Chicago, regards the treatment of morphea unsatisfactory and does not recommend the X-ray. Bland oils and massage, as with scar keloid growths, may promote recovery, but the main element is nature, assisted by time. Indeed the disease is so rare and its behavior so capricious it is difficult to establish therapy and prove its value. There are only twelve to fifteen cases reported each year by the

American Dermatological Society of the diffuse form, and about the same number of the morphea or patchy form and probably some of these reports are duplicates. McCall Anderson, in Glasgow, saw one case of scleroderma in a thousand consecutive cases in his private practice, and only one case in ten thousand consecutive cases in his hospital practice. Less than a thousand cases are reported in the literature. The argus-eyed Osler, in his last edition states he has had twenty cases of scleraderma under observation in fifteen years. Of the remarkable sclerodactylia seen in one of the three cases noted above by the writer, Lewin and Heller found 106 out of 508 of the disease collected by them and published in 1895. Osler thinks the disease is overlooked in the United States and is more frequent than the statistics show.

And why not when we consider the real rarity of this disease, the little attention given to the vaso-motor dystrophies by general practitioners and even by dermatologists who have studied skin diseases mainly by the aid of pictures and have turned to dermatology only as a diversion from the irksome study and general practice of medicine and surgery. It is also the common statement of many physicians that they know nothing of the skin diseases or of nervous diseases, and it may be generally predicated of this class that their minds are either debauched by frivolities and outside of the pale of the work-a-day medical world, or are in Prof. James' class of the "trades-union wing of the medical profession." Any disease which tends to get well of itself, or that for ages has cloaked itself in the garb of some allied disease, as blastonycosis has done with tuberculosis, may easily go unclassified by the nosologist and unrecognized by the practitioner.

But scleroderma and morphea do present real problems to the practitioner. No single case has been shown in our local medical society or presented, as far as the writer knows, in the medical clinics of the city. And what good, if they are so rare, and if they may get well, or if there is no recognized adequate treatment? We may answer, What good the knowledge of the rare "Venus' fly trap" of South Carolina, or of the Archeopteryx of the Solenhofen slates, or the Rosetta stone of the Nile, or the search for the North Pole, or of any good and patient human effort to reduce the apparent chaos of nature to law and order?

A word as to the pathology of scleroderma, for as to its causes we know little, and have summed them up when we say it is a vaso-motor dystrophy. It occurs at any age after infancy—from a year to seventy years—females are the ones affected in the ratio of three to one; nervous depression and privation are predisposing factors. Singer has suggested that Grave's disease, myxedema and scleroderma are closely allied and arise from thyroid lesions. Raynaud's phenomena are often precedent, notably cyanosis of the hands and legs.

For the histo-pathology one must turn to Crocker, whose lectures and descriptions are followed by other reporters. He devotes 28 pages of his incomparable "Diseases of the Skin" to the subject. Crocker's studies show that from defective innervation, cell exudation occurs around the vessels, narrowing the calibers of the arteries, veins and lymphatics, causing thrombosis and even rupture and effusion. Fibrous tissue results, with pressure atrophy of the glands and follicles of the skin. Each spot is the base of a cone, whose blood supply is cut off; a cutaneous infarct is produced and the violaceous zone is the result of a collateral hyperæmia.

Macleod, in his "Pathology of the Skin," sums up the pathology as follows: "In the diffuse variety of the peculiar hard and shiny condition of the skin known as scleroderma the hardness is due to a hypertrophy of the white fibrous tissue. In the whole of

the affected area the collagen of the reticular area of the skin is thickened and new fibers have developed and formed a dense, compact mass, from which the lymph spaces have to a great extent, if not entirely, disappeared. The blood vessels, hair follicles and coil glands are also diminished or obliterated by the growth and pressure of the fibrous mass. This hypertrophy is more the result of a hypertrophy of the existing collagen bundles than of the formation of new ones." Elephantiasis and the so-called lymphademic swellings belong to this class, supervening on a destruction caused by a persistent edema. The mutilations and shrinking of the tissues in scleroderma are analogous to the formation of scar tissue in an ordinary granulating wound.

The case at the Eleanor Hospital for Children is that of a girl of five years; her skin as hard as a board from the toes to the scalp except the palms and soles and the vulvar region. The disease has come on within two or three months. There were erythematous and apparently urticarial areas observed and these for a time named the disease; the hardening was thought to be that of a symmetrical infiltrated, but non-oozing eczema. One suggested a "muscular dystrophy."

Scleroderma neonatorom was also suggested, but there is no such disease; there is a sclerema of early infancy, congenital as the result of malnutrition; the skin is hard, tense and cold; the child motionless as if fixed in death; the temperature subnormal; the breathing slow and feeble. There is no true sclerosis.

As this interesting case will probably be in the hospital for several weeks it is well worth the time of our local physicians to see it, as many of the pathologists have already done. They will find an apparently vigorous and healthy child playing about the yard all day, with an abnormal appetite, eating four times daily; good mentality; well grown; until within a few weeks not different from its healthy brothers and sisters. There was then apparently some infection or auto-intoxication, malaise and fever, followed by defective innervation, whose source was not improbably in the higher vaso-motor centers. The result is the loss of vascular control, with cell exudation and infiltration from the vessels. In this case the condition is universal and the entire skin appears hardened. In the cases of morphea, unilateral atrophy of the face and other localized forms, the nerve injury has been limited, but in the case of little Bonnie the innervation was evidently widespread and has blocked very generally the vessels of the corium. The prognosis is probably favorable.

SYPHILIS AS PORTRAYED BY SHAKESPEARE.

By Albert C. Getchell, M. D., of Worcester, Mass.

Shakespeare appears to have had a very considerable knowledge of syphilis, which in his time was attracting a large share of public and professional attention, both because of its novelty and its ravages:

Duke Senior—
"Most mischievous foul sin, in chiding sin:
For thou thyself hast been a libertine,
As sensual as the brutish sting itself;
And all the embossed sores, and headed evils
That thou with license of free foot hast caught,
Wouldst thou disgorge into the general world."
(As You Like It, II, 7, 64).

And:

"Lucio: Behold, behold, where Madam Mitigation comes!
First Gent: I have purchased as many diseases under roof, as come to—
Second Gent: To what, I pray?
Lucio: Judge.
Second Gent: To three thousand dollars a year.
First Gent: Ay, and more.
Lucio: A French crown more."
(Measure for Measure, 1, 2, 43).

The French Crown was the common veneral rupia, a particular form of which was called *"le chapelet,"* since the tubercles were to be found about the forehead, temples and behind the ears, forming the figure of a crown. This French Crown is spoken of again also with the loss of hair:

"Quince: Some of your French crowns have no hair at all, and then you play bare-faced."
(Midsummer Night's Dream, 1, 2, 92).

Also:

"Clown: As fit as ten goats is for the hand of an attorney, as your French crown for your taffeta punk."
(All's Well That Ends Well, II, 2, 21).

It also had another name:

"Thersites: After this, the vengeance on the whole camp! or rather, the Neapolitan bone-ache; for that, methinks, is the curse dependant on those that war for a placket."
(Troilus and Cressida, II, 3, 17).

It is evidently this disease that the grave-digger refers to:

"Hamlet: How long will a man lie i' the earth ere he rot?
First Clown: Faith, if he be not rotten before he die (as we have many pocky corpses now-a-days, that will scarce hold the laying-in), he will last you some eight years, or nine year; a tanner will last you nine year."
(Hamlet, V, 1, 169).

That the disease was considered disgraceful is evident from these passages:

"O hound of Crete, think'st thou my spouse to get?
No; to the spittal go,
And from the powdering tub of infamy
Fetch forth the lazar kite of Cressid's kind,
Doll Tear-sheet, she by name, and her espouse."
(King Henry V, II, 1, 75).

Also:

King:
But like the owner of a foul disease,
To keep it from divulging, let it feed
Even on the pith of life."
(Hamlet, IV, 1, 21).

The powdering-tub as also the allusions to follow referred to the treatment by sweating and the use of mercury by fumigation, as well as the treatment by diet:

Timon: Art thou Timandra?
Timandra: Yes.
Timon:
"Be a whore still! they love not that use thee;
Give them disease, leaving with thee their lust.
Make use of thy salt hours; season the slaves
For tubs and baths; bring down rose-cheeked youth
To the tub-fast and the diet."
(Timon of Athens, IV, 3, 80).

And:

"She, whom the spittal-house and ulcerous sores
Would cast the gorge at, this embalms and spices."
(Ibid, IV, 3, 39).

alludes to the secondary symptoms, while the following passage, also from "Timon of Athens," is a remarkably true and complete description of the tertiary manifestations of the disease:

Timon—
"Consumptions sow
In hollow bones of man! strike their sharp shins,
And mar men's spurring. Crack the lawyer's voice,
That he may never more false title plead,
Nor sound his quillets shrilly; hoar the flamen,
That scolds against the quality of flesh,
And not believes himself; down with the nose,
Down with it flat; take the bridge quite away
Of him, that, this particular to foresee,
Smells from the general weal: make curl'd-pate ruffians bald;
And let the unscarr'd braggarts of the war
Derive some pain from you. Plague all,
That your activity may defeat and quell
The source of all erection, and let this damn you,
And ditches grave you all."
(Timon of Athens, IV, 3, 150).

(The above excerpts with the notes are from an article by Albert C. Getchell, A. M., M. D., of Worcester, Mass. The article is entitled "The Medical Knowledge of Shakespeare," and may be read in its entirety in the January 18th and 24th issues of the *Boston Medical and Surgical ournal,* Volume CLVI, numbers 3 and 4. The parts relating to general medicine, surger, and obstetrics are equally full, and with the explanatory notes will be highly appreciated by the scholarly physician who is so fortunate as to read them.—*Editor.*)

INDIANA MEDICAL JOURNAL.

ALEMBERT W. BRAYTON, M. D., Editor.
THEODORE POTTER, M. D., Associate Editor.
ALFRED HENRY, M. D., Gen'l Mgr. and Treas.

Subscription - One Dollar a Year in Advance.

The members of the profession of this State, whether subscribers or not, are especially invited to send their contributions to this Journal.

To insure prompt publication, contributions must be mailed by the 15th of each month, and should not ordinarily exceed 1,500 words.

Short practical articles, reports of society meetings, and medical news solicited.

The editor is not responsible for the opinions of contributors.

The Journal is mailed on the first of each month. Subscribers who fail to receive their journals should promptly notify the publishers.

All letters and communications relating to the scientific and literary departments of the Journal should be addressed to the editor, and all books for review, should be addressed to the manager.

All communications pertaining to the *business* interests of the Journal, or remittances for either subscriptions or advertisements, should be sent to the Indiana Medical Journal Publishing Co., Indianapolis.

JUNE, 1908.

Graduation Exercises—Diplomas Presented to the Graduates of Two Colleges.

The men's gymnasium was crowded the morning of May 20, when the second annual commencement of the medical department of Indiana University took place. The union of the Indiana Medical College, the Central College of Physicians and Surgeons, the Ft. Wayne Medical College and the Indiana University School of Medicine, under the direction of the Indiana University, brought together a graduating class of seventy-four, including one young woman. A special train from Indianapolis, over the Indianapolis Southern, brought the graduates, members of the faculties and their friends to the number of 300. All classes in the university were dismissed at 10 o'clock. The procession was formed at the student building and marched to the gymnasium. Music was furnished under the direction of Mr. Hiatt. The invocation was given by the Rev. James A. Brown, of the First Baptist church, and the benediction was pronounced by the Rev. Thomas R. White, of the First Presbyterian church.

President Bryan's Address.

President Bryan gave the address to the graduates. He said:

"We meet at the beginning of a new era in medical education in Indiana. I do not overlook the fact that we confront difficulties. But life is full of difficulties which it is our business to meet. We do not lack for wise counsellors within the school and beyond the school. We do not lack for excellent examples in the great university schools of medicine. There is no reason why we should not profit by those counsels and examples and why we should not develop a school of medicine whose quality shall make it fitly represent the great science and the great profession.

"As for the problems affecting the interests of persons we must meet them as they arise with justice and magnanimity. There is a potential difficulty in the fact that part of the university is fifty-six miles distant from the rest of it. As a matter of plain sense we must work together to reduce this difficulty to a minimum and to increase the compensating advantages.

"Some of you may fear serious difficulty in the transition to government by a lay board. But the unreality of this difficulty will promptly appear. The committee of the medical faculty, which has just returned from a tour of investigation among the great medical schools of the East, found everywhere lay boards. They found that all the great schools visited had abandoned the faculty boards if they had ever had them. They found that the lay boards were more satisfactory to the faculties than the faculty boards had been. In a word, they found that the form of government which works successfully in all other departments of the Ameri-

can university works success also when applied to the medical department. * * *

"It is my assured belief that no difficulties will arise in our relations with other institutions of higher learning in the State. Whenever an opportunity has offered I have always said that we would not permit an Indiana University student of medicine any unfair advantage in comparison with the students of Wabash, DePauw, Purdue, Earlham or any other such school. The university is bound to this policy by the spoken and by the written word.

"In this connection I wish to express strong hope that students of the non-medical colleges, such as those named, will be given by State boards full credit for whatever medical courses they secure there. I desire to dwell on this point for a moment. Within the last ten years we have had in the United States a large number of new educational laws, whose chief feature is the accrediting of certain schools. You can not teach school unless you have spent a specified time in a school which has been in a specified manner accredited. You can not practice medicine unless you have spent so much time in a school accredited by the State in which you wish to practice. * * *

Case of Wisconsin University.

"A few years ago the authorities of the University of Wisconsin began the establishment of work in medicine. They established several departments. They did this in the magnificent way characteristic of that great institution. So far as they went, the work was quite in the first rank of the medical schools of the world. But for a time for some purely technical reason the work was not duly accredited. The work was there, but not the official stamp. Now at this juncture I received official notice from another State that if we, in our medical school, gave credit to any student for this medical work at the University of Wisconsin, then our medical school would be put on the black list in the State from which the notice came. We might give credit to a hundred schools of undoubted inferiority. We dare not give credit to this great university under peril of the black list.

"This is not an isolated case. I have met many such cases in the field of medicine and also in other fields wherein the law establishes accredited schools. I have seen injustice to individuals, to the cause of education and to the fundamental liberty of men which have filled me with indignation and with alarm. I do not believe that the people of this country know what is being done to them. And I think it is high time that the people should consider in its entirety the rights and wrongs and the just limitations of a system of accredited schools.

An Indiana Case.

"We have now in Indiana a case which directly concerns us and our neighbor institutions. A few years ago a graduate of one of our standard non-medical colleges or universities, such as DePauw, Earlham or Purdue, received advanced standing in the medical schools and received credit for whatever medical work he had done there. This was granted partly because the work done was found to be thoroughly good and partly because the general education obtained in the college was recognized as of great value to the medical student.

"But now the rules of the State boards have changed. Now, time credit is denied not by the medical schools, who are powerless, but by the State boards, and in some States all credit is denied, no matter how good the medical schools find the work to be. Arguments can doubtless be made on any side of any question. But to my mind this denial of credit for good work because it was not done in a certain place is an intolerable injustice. And I stand with these neighbor institutions and with all such institutions to oppose the injustice, to give credit where credit is due, and to preserve to the medical profession the far-reaching

and beneficent influence of the American college."

I. U. School of Medicine.

Dr. Allison Maxwell, dean of the Indiana University School of Medicine, presented the candidates from that school and the degree of doctor of medicine was conferred by President Bryan. The names and addresses are:
Alva Raymond Akin, Bloomington; Leslie Moss Bevan, Indianapolis; William G. Crawford, Greencastle; Hilbert F. Davenport, North Vernon; Ord Everman, Bloomington; Merton Almond Farlow, Rushville; M. Albert Clifford Hirshfield, El Paso, Tex.; George Rufus Leonard, Lagrange; John William Little, Danville, Ill.; William Hunt Long, Indianapolis; Carl Byron McCord, Veedersburg; Herbert Donald McCormick, Vincennes; Percy Edward McCown, Indianapolis; J. Don Miller, Anderson; Clarence William Millikin, Franklin; Edward Albert Porter, Greensburg; William Osee Poston, Sullivan; Everett Ambrose Rainey, Elizabethtown; John Lawrence Reck, Orgonia, O.; Edward G. Replogle, Dunkirk; Oscar T. Scamahorn, Lizton; George Wood, Indianapolis; A. O. Morris, Sheridan.

Medical College of Indiana.

On behalf of the Medical College of Indiana the following named candidates for the degree of doctor of medicine were recommended by Dr. Edward F. Hodges, and they received their diplomas:

Edward Karl Allis, Arcadia; Simon W. Bailey, Bailey, N. D.; Maurice Joseph Barry, Indianapolis; Harry Kraylor Bonn, Indianapolis; Arthur E. Burkhardt, Tipton; Raymond Alfred Butler, Stockwell; Charles Lawrence Cabalzer, Indianapolis; Guy Rupert Coffin, Indianapolis; Guy Conover, Utica, O.; Andrew Tennyson Custer, Indianapolis; Carl Vinton Davisson, New Richmond; William August Deerhake, St. Marys, O.; Irvin Wilson Ditton, Fort Wayne; Frank Dinnen, Fort Wayne; Thomas Alfred Dugdale, South Bend; Cecil Earl Duncan, Indianapolis; Ferrell William Dunn, Gaston; Lehman M. Dunning, Indianapolis; Robert Dwyer, Indianapolis; Stephen Laurence Egart, Indianapolis; Frank Lee Farman, Indianapolis; Marvin Floyd Fisher, Lafontaine; Joseph John Gramling, Indianapolis; Arthur Ernest Guedel, Indianapolis; Alfred Hudson Hendricks, Jr., Indianapolis; William Albert Hulbush, Billings, Mont.; Seth Hugo Irwin, Liberty Center; Robert J. Kemper, Indianapolis; Samuel S. Kimes, Spencerville; John Augustus Leas, Indianapolis; Clarence Lucas, Piketon, O.; Carl Heber McCaskey, Indianapolis; Edward Leroy McCoy, Columbus; Henry Oliver Mertz, Indianapolis; Mary Hazlett Michie, Indianapolis; Edgar Thomas Mitchell, Waldron; Aldine Emmet Morgan, Angola; John R. Ranes, Indianapolis; Leo Albert Salb, Jasper; John Grover Scifres, Little York; Arthur R. Simon, Laporte; James Madison Smith, Utica, O.; William Riley Sparks, Pendleton; Thomas Littleton Sullivan, Jr., Indianapolis; Albert Dell Swartz, Indianapolis; Thomas Lacy Taylor, Trenton, Tenn.; Herbert Theodore Wagner, Indianapolis; Cleo Earl Weaver, Marion; Emil G. Winter, Shelbyville; Walter Waldo Wright, Spiceland.

After the degree had been conferred on the candidates the graduates and visitors were entertained in the student building, where a luncheon and reception were given in their honor by the faculty of Indiana University.

Terms of Consolidation.

In discussing the terms of the consolidation of the medical schools, under which the commencement exercises were held today, President Bryan said, in reply to questions:

"According to the terms of consolidation the Indiana Medical College has united with the Indiana University School of Medicine under the direction of the trustees of the university.

"The faculties of these schools are each to nominate from its membership those who shall become members of

the united faculty. Hereafter appointments will be made to the medical faculty in the same manner as in all other departments of Indiana University, the trustees seeking the counsel and recommendation of the members and officers of the faculty. Each department will be supervised by a committee composed of members of the faculty belonging to that department. Two years of work in medicine shall be maintained at Bloomington, as at present, a complete four years' course in medicine will be undertaken and conducted in good faith in the city of Indianapolis.

"Indiana University made no request or suggestions as to the disposition of the building of the Medical College of Indiana. The Medical College of Indiana, however, proposed that the building be deeded to the State for the use of the University School of Medicine, on the sole condition that the university be legally authorized to receive the same. This proposal was entirely satisfactory to the university."

Trustees to Name Successor.

President Bryan, of Indiana University, May 20 received a letter from Dr. Henry Jameson, dean of the Indiana Medical College, tendering his resignation. President Bryan says no action will be taken on the resignation until the meeting of the trustees, four weeks from now, when the appointment of a successor will be considered.

"I have a very high regard for the services which Dr. Jameson has rendered medical education in Indiana," said President Bryan. "He has assured me repeatedly that he wished to retire as soon as the union was effected, but that he will lend his sympathy and support to the present movement."—*The News.*

One State Medical School at Last.

Dr. Henry Jameson, dean of the Indiana Medical College, the Purdue University Medical School, now consolidated with the Indiana University school, has tendered his resignation as dean and professor to President Bryan, of Indiana University.

Dr. Jameson today, when questioned for the *News,* said he had resigned. "But," said he, "in tendering my resignation to Dr. Bryan I told him that I did so in no spirit of pique, but that I felt now that the Indiana Medical School was consolidated with the Indiana University, it was up to me and the other members of the faculty to resign and leave President Bryan free to make his own appointments. None of the other members of the faculty has resigned as far as I know, but I feel that I should do it." *The News.*

The Methodist Episcopal Hospital Now Open.

The Methodist Episcopal Hospital is now open and under date of May 30 is sending the following invitation to the physicians:

My Dear Doctor—We desire to call your attention to the fact that the new Methodist Hospital is now completed and ready for the reception of patients. We would be very glad indeed to have you call at the institution at any time convenient to yourself.

It is not overstating the matter to say that the hospital is thoroughly modern in every particular. It is fireproof, extraordinarily well lighted and ventilated, with very complete power plant separate from the hospital proper, thus avoiding objectionable odors; with two operating rooms, with adjacent preparatory rooms, as fine and as well equipped as will be found in any city.

We feel sure that you, a physician competent to appreciate finer things in hospital construction and equipment, will enjoy an inspection of the institution. We promise you also, should you see fit to recommend patients there, that they will receive the most careful attention from the hospital management. Very truly yours,

W. C. VAN ARSDEL,
President.

The Indiana Law School.

Thirty-seven students of the Indiana Law School received the degree of bachelor of arts at the fourteenth annual commencement exercises of the institution in Pythian Building Assembly Hall Wednesday evening, May 27. Attired in cap and gown, the graduates occupied seats of honor in the hall and appeared side by side on the rostrum when James A. Rohbach, dean of the law school, called their names. The Rev. M. L. Haines, chairman of the executive committee of the board of trustees of the law school, conferred the degrees.

Augustus L. Mason delivered the address to the graduating class. The subject of his talk was "Signs of the Times." Mr. Mason said that for a number of years there has been a growing tendency in the United States on the part of many to obliterate the standard of equality which was established in the Declaration of Independence, and he cited instances which bore out his assertion. He said that there is a tendency to seek the establishlishment of an aristocracy in America. This is shown by the laws of precedence in social functions in the national capital, by the coronets on the doors and carriages of the wealthy, by the uniforms of bellboys and porters, the Sons and Daughters of the Revolution and allied organizations and the increasing publication of books of geneology. Mr. Mason contends that the appearance of the housemaids on North Delaware street, in Indianapolis, is becoming a burning question. Mr. Mason lives on North Delaware street, the most aristocratic avenue in the city, but in all his club papers and discussions has been the advocate of democracy and the friend of the proletariat.

Pragmatism, Medicine and Suggestive Therapeutics.

The final meeting of the Indianapolis Medical Society is usually a social and smoker, with the levity and hilarity offset by a pair of the most serious papers of the year. The meeting of Tuesday evening, May 26, took the usual course, except that there were no fluids present—not even a cup of cold water to relieve the dry throats of the orators, Drs. Reed and Wynn. And as to pipes and cigars, the secretary and president, who do not smoke themselves, at least in public, inadvertently, or perhaps with wise purpose, neglected to furnish them.

For this meeting was to be a "feast of reason and flow of soul," and the best of the banquet above the plate in the ethereal atmosphere of philosophy and religion. And this was well, as there were over a hundred serious-minded members present, just the choice hundred, to whom such a subject as "Thy Psychological Element in Disease" would appeal. Moreover, there were present by invitation several ministers of the city, who were invited to take part in the discussion.

The first essay was by Dr. Jewett V. Reed, of Indianapolis, upon "Pragmatism and Medicine," which occupied thirty minutes, and is presented in full in this issue of the *Journal*. Dr. Reed's address was followed by an equally interesting and lengthy discussion of the "Practical Applications of Suggestion," by Dr. Frank B. Wynn, the president of the society, whose essay will be printed later. These papers were both highly creditable to the authors, and were received with profound attention by the members and guests.

The discussion was opened by the Rev. Allan B. Philputt, pastor of the Central Christian Church of Indianapolis, who spoke at length, and by his sound sense and genial humor endeared himself to every one present. Dr. Philputt believes that the practice of medicine is the province of the physician and cannot be mixed up with theology or pastoral duties, although both professions may be mutually sympathetic and helpful. Remarks were also made by the Rev. Mr. King, of Central Avenue Methodist Church, but a sudden indisposition, soon recov-

ered from, however, prevented his conclusion. The Rev. Mr. Wicks, of the Unitarian Church, made some remarks, as also did Dr. A. E. Sterne.

No account of this most interesting meeting of the year would be complete without the paper of Dr. Wynn, and the full discussion by the Rev. Mr. Philputt. To the young men of the society this evening, led by two of their progressive comrades, should be a great lesson and prove a lasting stimulus. It should lead them to some rational study and practical consideration of philosophy and religion, for these are as certainly the fundamentals of medical education and practice as chemistry and biology. Whoever neglects them does so at his own intellectual peril and subordinates the best good of his patients and profession by his wilful ignorance and indifference to the mightiest influences that affect our mortal life, to say nothing of that mystical aftertime when men shall have gone down into the pit and his thoughts have perished.

Dangers of Mental Therapeutics.

In the above note of the Indianapolis Society it will be seen the soundest view was expressed by Dr. Philputt in his contention that the experience of the centuries in separating religion and medicine is not only the wisdom of the church, but the wisdom of God. That is, to quote the views of the Rev. J. H. Crooker in *The Christian Register*, "When men shall obey the gospel of Christ as generally as they do the gospel of Lister and Koch there will be a great enlargement of human happiness." Further the same writer says:

"'Mental therapeutics' is an important subject which is bound to receive increasing attention. The psychic element is a supreme factor, both in health and in disease. The medical school will, and should, give more and more consideration to the vital problem; and the common practitioner will, and should, make larger use than at present of this curative agent. But whatever may be wise in this line, the whole matter should be left in the hands of those especially trained to deal with it. The application of this psychic element should not be left to bungling neophytes or crude experiments.

"Only one result can follow fro mthe addition of a 'mind-cure' department to an ordinary church; a fresh crop of new ills and ailments; an epidemic of morbid and unwholesome conditions that will serve as prolific soil for all sorts of mental and moral perversities; the overloading of the church with freaks and fanatics, who will divert its enegries from sober tasks to fantastic occultism, and who will bring its work into disfavor by associating it with the grotesque and the visionary. This peculiar psychic element is a very dangerous power to evoke and let loose among the curious and the credulous. In the end we shall have more disease, more unhappiness, more scandal.

"The church can not afford to make the venture. Whatever good that it may temporarily accomplish will be more than overbalanced by the excesses of the incompetent, by the sensational mysticism sure to spring up in its tracks, and by the inevitable discredit that it will bring in the minds of many to the real work of the church."

The Church Offset to Christian Science.

Indianapolis, June 1, 1908.

Editor *Indiana Medical Journal*:

Sir—Now is the winter of our fight for truth, made glorious summer by Dr. Reed's paper on "Religion and Healing." We are to grovel in the dirt of cults and ilks for the single grain of wheat that is so deeply buried underneath a superstructure of a world of graft and fanaticism. And finding it, we are to close our eyes and not recognize that from time immemorial this same grain of truth has formed one of the foundations in the teaching of medicine and therapeutics. True, it has been garbed in whitewashed linens, in grotesque shapes, in variegated colors; but, not as searchers for truth and its promulgations we must not see it; we must only recognize the "good" (?) that clothing be given the truth—not value the truth itself.

That cheerfulness and faith in one's ability to overcome certain physical and mental states have been recognized and used in the combat of medicine with disease, scarce needs comment from anyone—it is axiomatic as

far as the medical profession is concerned. But now we are asked to match the so-called potent shaft of the Christian Science, faith healer, etc., with a deception equally as great. Thus while such cults teach the victims that they are using the power of a sacred individual, or God, we are to wield this power by pointing out to the unhappy victim in the throes of tetanus, the semi-comatose state of typhoid, of an accident where the limb has been crushed—all's well; think of the ideal life of Christ; grin and bear it. Back, back, I say, to the talisman. 'Tis more convenient and does not cost two dollars per absent treatment!

If medicine has labored so furiously and has not even brought forth the proverbial mouse, it certainly has labored in vain if it does not teach that things are real—that conditions are real. If truth is what we are seeking, and if we have found but a part of it, only that part of plain, blunt and cold truth must be told. I do not mean to be understood that there are not means and maxims and times when such truths must be told, not to the detriment of a physical or mental state, and without forfeiting anything of truth's dignity to the fakirs.

The fault lies unmistakably, as was pointed out by Dr. Wynn in his paper on "Therapeutic Suggestion," in early environmental training. Our parents and those about us frighten us in our infancy; we are reared so that we must whine and whimper at the slightest insult to our tissues; in the fight for existence our nerves are at severest tension. Small wonder, therefore, that each pain seems to bear the halo—"death"—and thus a vicious cycle is produced. Infancy should not be taught to deny pain, our greatest safeguard, nor to deny conditions, but to bear up under such conditions with fortitude. And we as physicians can instill this truth into our patients if we would but combine to do it. I feel firmly convinced that the primal fault lies with the medical profession, and we are but reaping the benefit of our own making. The keen pleasure it ofttimes gives the physician to disagree with his fellow-practitioner's diagnosis is a fact that cannot be disputed. While it is true that so-called concrete facts are few in medicine, and have many viewpoints, depending upon the individual, nevertheless, a unanimity or oneness of opinion, if the practitioner is sincere in his search for truth and in his expression to his patient, can be hoped for and largely exists in those instances where medical training has been equal.

From the standardization, however, of our medical colleges, the abundant hospital and other facilities for accurate observation and deduction, together with an elevating standard of ethics in the medical profession, we may eliminate largely the terrible doubt that has been inculcated in the public.

That the church should step in and try to relieve us of our responsibilities and practice a part of therapeutics, as is advocated in Boston, Chicago, etc., can never be effected, for the charm is lost at once—"the cat has been let out of the bag," and, as I see it, one must doubt the sincerity of the professional purpose of the church in this instance. Apparently it is done to offset Christian Science. This is strictly a church fight, to which certain of our profession are lending their aid.

As for Christian Science, if it has the good in it that is claimed for it, it will live. If it has not, following the law of other worthless things, this cult will certainly die. It certainly ought to teach the poor doctor, however, that if he and the rest of his brothers try in unison they might expect to get at least two dollars for each "present" treatment—telephone, one dollar.

But the truth will on!

M. THORNER.

The Great Peace, Honor Enough for All.

The Indiana Medical College and the State Medical College have merged under the name of the Indiana University School of Medicine.

The senior classes graduated together at Bloomington, May 20th. Committees of the two faculties have visited Eastern schools in company with President Bryan, who selected the members of the joint committee. An all-day session was held in New York City, and the members of the faculty of the new school were selected. Virtually all of the professors and teachers of both schools were appointed.

All that now remains to do is for the trustees of Purdue University and of Indiana University to agree upon the contract of union and arrange the details. Hereafter all the hopes and successes of medical education in Indiana are vested in Indiana University. She is the ship and everything else only the tumultuous and destroying sea.

The great principle contended for the last four years by the friends of medical education in Indiana has been conceded by the Indiana University. That principle declared for a complete four years' medical school in Indianapolis, and this has been cheerfully granted. A two years' course will continue to be given in the State University at Bloomington.

Everything else, the name of the school, the properties owned by the Indiana Medical College in Indianapolis, the personnel of the faculty in the future, are only details and auxiliaries. When Lincoln met Stevens in Hampton Roads, ready to give the South four hundred millions to pay for the slaves and close the war, he took Stevens aside, caught up a sheet of paper and said: "Stevens, let me write 'UNION' at the top and you may write whatever you choose below." His was just the state of mind and heart that has animated President Stone, of Purdue and Dean Jameson, of the Indiana Medical College, and every unprejudiced and loyal friend of medicine in Indiana. And to these two great leaders, putting aside every personal vanity and ambition, is mainly due the success that has been achieved. They were always ready for honorable compromise, reconciliation and ultimate peace and union, and when the principle of a complete course in Indianapolis was conceded, the union followed as the active and struggling day is followed by the serene and peaceful night.

The primary contention of President Bryan that to the Indiana University belonged the traditional and natural right to harbor the learned professions —law, medicine and theology—is just and true, and it is to his everlasting credit and wisdom that he never lost sight of this principle when the question of a single State medical school finally came before the Legislature.

Indeed the transient school established in Indianapolis and the union of the Fort Wayne, the Central and the Indiana Medical School with Purdue University, were only the weapons, the defenses and temporary barracks occupied by the clashing forces until such time as the final and inevitable union with Indiana University should be secured.

But the great glory and the necessity of union is not for the advantage of either of the universities, nor for the Indiana Medical College, which represented in its three united schools the body and spirit of medical education in Indiana; but it is for the State itself, for the people of the commonwealth, as was always contended by President Stone and by Dean Jameson. And their work having been accomplished, it was meet and fitting that Drs. Stone and Jameson should withdraw and leave the open field to the State University, where medicine belongs by tradition and present custom. And this union has become the general feeling and was by the advice of the profession both within and without the State.

The *Indiana Medical Journal* has

had no small part in this discussion. Its editor has degrees from each of the three—from Purdue and the State universities and the Medical College of Indiana. He has always been friendly to the universities; has known their presidents for thirty years, and has taught in the Medical College of Indiana for twenty-five years. The course of the *Journal* has been constantly for the solidification of medical education and making it the function of the State. Only to this end has he of late years acted as the editor, and all of his writings have been submitted to the leaders in this contention, and have been generally approved as the expression of the Medical College of Indiana's position and interests.

This end is now accomplished with honor and credit to all concerned, and he is now indifferent as to the editorial conduct and management of the *Journal* in the future, so long as the policy and the control of it is kept in the hands and under the direction of the Indiana University School of Medicine. It should continue to be in the future, as it has been in the seventeen years the present editor has directed its course and written its editorials, the most powerful organ and advocate of all those medical interests which pertain to education in the State of Indiana. Its stock is owned by a number of the professors in the new school. The *Journal* has always paid its debts out of its business, and has never received any college subsidies.

Let the new management take it up, combine it with the *Indiana Student Journal* and make the *Indiana Medical Journal* the local organ of the college, under the guidance of the Indiana State University.

Pleased With the College University.

The *Journal* has received a letter from Dr. M. A. Duncan, of Chanute, Kans., in which he writes:

"I was pleased to learn that the Indiana State University and the Indiana Medical College had settled their difficulty and come to satisfactory terms. I feel very enthusiastic over this good and friendly compromise. I have great faith in the Indiana Medical College and the faculty, and shall expect greater things in the future. She has built and is building a monument that shall stand like the Rock of Gibralter, for all time to come.

PERSONAL.

Death of Dr. Eli F. Brown, Formerly of Indianapolis.

News of the death of Dr. Eli F. Brown, a widely known educator of Indianapolis, was received in Indianapolis. His death occurred in Los Angeles, where he was living in the hope that the climate might better his health. Dr. Brown had been an instructor in the Shortridge High School, Professor in Purdue University and the Indiana State Medical College. He had also been prominently connected with educators' institutes and a lecturer on astronomy and physiology.

When a young man he was drafted into the service of the Confederate army, his home being in Virginia. He managed to elude the Confederate authorities, however, and reached Richmond, Ind., where he remained with friends. Dr. Brown is survived by three children—Malcolm C. Brown, of Los Angeles; Albert S. Brown, of Cincinnati, and Mrs. Lynn B. McMullen, of Indianapolis. The body of Dr. Brown, in accordance with a wish he expressed, before his death, will be cremated and the ashes will be brought to this city for burial.

Dr. Brown graduated from the Indiana Medical College in 1879 with distinction, passing the examinations in the full two years' course. He dissected on the same subject as the editor of this journal and Dr. Ernest Copeland, of Milwaukee. The subject was used by the eminent demonstrator of anatomy, the late Dr. Joseph Marsee, to illustrate operative hernia.

Dr. Brown never practiced. He was an author of valuable school physiolo-

gies, a great teacher and a devotee of science. His desire for cremation is in accord with his early teaching and belief. He was associated with the late Dr. W. B. Fletcher, the writer of this note and others in the organization in 1878 in Indianapolis of a Cremation Society, which was formed and officers selected. However, it was in advance of public sentiment, although this reasonable method of disposal is now much more common.

Dr. Kemper Honored.

Surgeon G. W. H. Kemper, of Muncie, was elected May 6 as commander of the Indiana Commandery, Military Order of the Loyal Legion. The election was at the annual meeting at the State House in Indianapolis.

From Bellefontaine, Ohio, to Indianapolis.

John Wallace, 1881.
John M. Wallace, 1903.
A. J. McCracken, 1901.
W. B. Kitchen, 1903.
W. T. S. Dodds, 1908.
Homer G. Hamer, 1904.
Henry O. Mertz, 1908.

The above graduates of the Medical College of Indiana all followed in the lead of Dr. W. H. Hamer, who has always been a staunch friend of the Indiana school. There is a good road leading down from Bellefontaine to Indianapolis. We hope the good young men of Bellefontaine will continue to follow the trail blazed by Dr. W. H. Hamer.

Bishop Edwin Holt Hughes, President of DePauw University. His Phenominal Memory.

Greencastle, Ind., May 26.—Edwin Holt Hughes, D. D., president of DePauw University, who has been elected to the bishopric of the Methodist Episcopal church at the General Conference, in session at Baltimore, has done much to place DePauw University in the foremost ranks of educational institutions of the State. He has not only given the Methodist institution a reputation, but has also placed it on a firm financial basis. During his five years incumbency the student body has increased about 400 and the endowments were never so large. It was largely through his effort that the DePauw Carnegie library, which is now under construction, was obtained, and although students here appreciate the honor which has been bestowed on Dr. Hughes they also realize that a factor in the school's success has been removed. Dr. Hughes is well liked by students and they believe in him. It was he who two years ago abolished the time-worn custom of "scrap" between the under classes on Washington's birthday, and although the students felt that one of the best features of college life had been put under the ban, they nevertheless trusted the president to have better judgment than they.

In June of 1892 Dr. Hughes was married to Miss Isabel Ebbert. They have five children. Dr. Hughes is proud of the fact that he knows every alumnus in the State, and can call the name on meeting. He is acquainted with every student in the university and calls each by the first name when he passes on the campus. He says that he can give the text and outline of every sermon which he has heard for the last twenty years.

When word reached Greencastle today noon that President Hughes had been elected to the bishopric DePauw students assembled in Meharry Hall for celebration. Class and college yells were given and much enthusiasm was displayed. Speeches were made by the faculty.

The above press dispatch will be read with mingled emotions by the students and faculty of DePauw University.

Dr. Hughes was elected May 26th at the General Conference in Baltimore. He was born in 1866, the son of a Methodist minister, and graduated at the West Virginia State University,

the Ohio Wesleyan, and the Boston School of Theology. He preached several years in Massachusetts, and has been President of DePauw for five years. His memory is one of his great accomplishments, and like Ceasar, who knew the name of every man in his army, he knew by name in five years all the army of students and alumni of the great Methodist University.

The trustees may elect a president at the coming commencement, and this will be easy, as the Methodist church in Indiana is strong on education and there is no lack of qualified educators capable of conducting the school with success. The DePauw school was chartered January 10, 1837, by the legislature as "The Indiana Ashbury University," and was dedicated June 20 of the same year. There were 2,000 people at the cornerstone laying at a time when there were only 20,000 Methodists in Indiana. From its graduates, over 2,200, have come fifty-one college presidents, one hundred and twenty-nine professors, seven United States Senators, twelve Congressmen, twenty-three Federal and State Supreme judges, and nearly a thousand teachers. Its work for the church, the State, the home, the individual, can never be estimated, and all without State aid, but by love, sympathy and mutual service of a Christian brotherhood.

W. A. Millis, Hanover's New President.

W. A. Millis, superintendent of the Crawfordsville city schools, has accepted the presidency of Hanover College, and the conditions have already been ratified by a committee of the board of trustees. This committee is composed of J. W. Lagrange, John H. Holliday and Amos W. Butler.

Crawfordsville citizens who are cognizant of the educational qualifications and the executive ability of Mr. Millis, are unanimously of the opinion that the board of trustees of Hanover made a wise choice in selecting him to become the head of the college. Since Mr. Millis became superintendent of the Crawfordsville city schools he has brought the schools to a higher standard of scholarship and a better grade of efficiency tha nthey have ever before occupied. He has also taken an especially active part in everything that has been for the betterment of the city of Crawfordsville. He has been president of the Civic League of the city and an active worker in Crawfordsville's Commercial Club. Mr. Millis was also recently ordained as an elder in Center Presbyterian church here. The above note is from the *Indianapolis News*.

Hanover is known as the "Mother of Colleges." Among her graduates are Professors John M. Coulter, of Chicago University; Stanley Coulter, of Purdue University; Dr. Harvey Wiley, of Washington; Drs. A. B. Graham and L. P. Drayer, of the Indiana Medical College, and scores of others eminent in the professions. Dr. Millis seems to be of the stuff from which college presidents should be made.

Exchanges Medicine for Law.

Dr. William S. Beck, class of 1888, Medical College of Indiana, has completed the course in the Indiana Law School and has entered upon the practice of law in Indianapolis in rooms 77-78, Lombard Building.

Dr. William P. Garshwiler has removed his office to numbers 620 and 621 Newton Claypool Building. Practice limited to the diseases and surgery of the genita-urinary tract.

The "Medical Era's" Gastra-Intestinal Edition.

The *Medical Era*, St. Louis, Mo., will issue its annual series of Gastro-Intestinal editions during July and August. In these two issues will be published between 40 and 50 original papers of the largest practical worth, covering every phase of diseases of the Gastro-Intestinal canal. Sample copies will be supplied readers of this journal.

SENIOR CLASS INDIANA MEDICAL COLLEGE.

For a number of years it has been customary for the seniors of the Medical College of Indiana to visit the laboratories of Eli Lilly & Co., manufacturing pharmacists. April 3rd a party of over thirty members of this year's graduating class spent the afternoon inspecting the Lilly plant, where every opportunity was given them to see the processes of making pharmaceuticals on a larger scale.

The above engraving is from a photograph of the visiting students, taken in front of the office building of Eli Lilly & Co. Reading from left to right (top row)—W. A. Hulbush, T. A. Dugdale, F. W. Dunn, C. V. Davisson, G. R. Coffin, C. Toles. Second row—J. F. Dinnen, C. L. Cabalzer, C. Lucas, W. R. Sparks, R. J. Kemper, T. L. Taylor, S. H. Irwin, L. A. Salb, T. L. Sullivan, W. W. Wright, S. S. Kimes, C. M. Warner (city salesman for Eli Lilly & Co.). Third row—J. J. Gramling, C. E. Weaver, I. W. Ditton, C. E. Duncan, J. R. Ranes, A. E. Burkhart, A. H. Hendricks, R. A. Butler. Fourth (front) row—M. F. Fisher, C. H. McCaskey, E. K. Allis, H. T. Wagner, M. J. Barry, A. E. Morgan, H. K. Bonn, Otto Von Tesmar.

SOCIETY MEETINGS.

Program Indiana State Medical Association.

Thursday, June 18—Morning Session, 9 A. M.

—Medical Section—

1. "A Few Important Points in Regard to Nervous and Mental Diseases" ....C. F. Neu, Indianapolis

Discussion opened by G. W. McCaskey, Ft. Wayne; E. C. Reyer, Indianapolis.

2. "Myocarditis from a Purely Pathological Standpoint." .....R. H. Ritter, Indianapolis
3. "Myocardial Failure from Other Causes Than Valve Lesions" ....A. C. Kimberlin, Indianapolis
4. "The Relationship of Heart and Kidney Affections".. ....Robert Hessler, Logansport

Discussion opened by J. B. Berteline, South Bend; F. B. Wynn, Indianapolis; Walker Schell, Terre Haute.

5. "Diabetes: Diagnosis, Treatment and Report of a Case" ....L. L. Mobley, Summitville
6. "The Treatment of Diabetes" .....G. D. Kahlo, French Lick

Discussion opened by Allison Maxwell, Indianapolis; George T. McCoy, Columbus.

—Surgical Section—

1. "Strangulated Hernia, The Importance of its Early Recognition and Neces sity of its Radical Treatment." ....T. B. Eastman, Indianapolis.
2. "The Uterus and Abdominal and Pelvic Tumor.".. ..H. A. Duemling, Ft. Wayne.
3. "The Diagnosis and Treatment of Fluctuating Tumors of the Female Pelvis."...G. H. Grant, Richmond.
4. "The Puerperal Perineum—Protection and Repair." ....M. I. Rosenthal, Ft. Wayne.

Discussion opened by A. M. Hayden, Evansville; I. N. Trent, Muncie.

Discussion opened by J. C. Sexton, Rushville; and ..H. O. Pantzer, Indianapolis.

5. "The Technic of Harelip and Cleft Palate Operations." ....J. R. Eastman, Indianapolis.

Discussion opened by J. H. Oliver, Indianapolis.

6. "Excesses in Surgical Cleanliness." ....M. A. Austin, Anderson.

Disussion opened by Edwin Walker, Evansville; H. O. Pantzer, Indianapolis.

Afternoon Session. 2 to 5.

—Medical Section—

1. "Disposal of Sewage in Small Towns." ....G. B. Lake, Wolcottville.
2. "Epidemiology of Typhoid Fever." ....H. O. Bruggeman, Ft. Wayne.
3. "Report of Committee on State Medicine." ....J. N. Hurty, Indianapolis.

Discussion opened by F. A. Tucker, Noblesville.

4. "Tuberculin Therapy." ... ..W. T. S. Dodds, Indianapolis.
5. "The Early Clinical Diagnosis of Pulmonary Tuberculosis." ....T. Victor Keene, Indianapolis.
6. Report of Committee on Tuberculosis. ....J. A. Little, Logansport.

Discussion opened by Theo. Potter, Indianapolis; J. C. Blossom, Mt. Summit.

—Surgical Section—

1. "Scoliosis."..... .....David Ross, Indianapolis.

Discussion opened by H. R. Allen, Indianapolis; C. A. Daugherty, South Bend.

2. "The Diagnosis and Treatment of Sinus Thrombosis." J. F. Barnhill, Indianapolis.

Discussion opened by L. F. Page, Indianapolis; G. W. Spohn, Elkhart.

3. "Obstruction of the Bowels." .....E. D. Clark, Indianapolis.
4. "Obstruction of the Bowels from Traumatism." ....J. H. Ford, Indianapolis.

Discussion opened by T. B. Noble, Indianapolis; T. C. Kennedy, Shelbyville.

5. "Gonorrhoeal Opthalmia." .. ....W. N. Sharp, Indianapolis.

Discussion opened by D. W. Stevenson, Richmond; A. P. Roope, Columbus.

6. "Dermoid Cysts." ....H. G. Nierman, Ft. Wayne.

Discussion opened by Moses Thorner, Indianapolis.

Evening Session—8 P. M.

President's Address, "The Physi cian as a Citizen." ..... David C. Peyton, Jeffersonville.

Friday, June 19, 9 A. M.

—General Session—

Address—"Intestinal Auto-Intoxication and its Treatment." ....J. M. Anders, Philadelphia.

—Medical Section. 10 to 12—

1. "Relation of Physicians and Druggists." ....S. E. Earp, Indianapolis.
2. "A Plea for the Use of Pharmacopeal and National Formulary Preparations." ....Frank H. Carter, Indianapolis.

Discussion opened by Jos T. Stokes, Indianapolis; H. E. Zimmer, Indianapolis.

3. "A Plea for State Control of Inebriety and Drug Addictions." ....A. L. Wilson, Indianapolis.
4. "Report of the Committee on Inebriety." ....H. J. Hall, Franklin.

Discussion opened by A. E. Sterne, Indianapolis; G. R. Green, Muncie.

5. "Atypical Pneumonia." .... ..Ch. R. Sowder, Indianapolis.

Discussion opened by W. C. McFadden, Shelbyville; B. S. Hunt, Winchester.

—Surgical Section—

1. "Raynaud's Disease." ....Jno. Kolmer, Indianapolis.

Discussion opened by Allen Pierson, Spencer; C. K. Bruner, Greenfield.

2. "Symposium on Obsetrics."
   (a) "Normal Labor." ....Jane Ketcham, Indianapolis.
   (b) "Toxaemias of Preggnancy." ....L. Burckhardt, Indianapolis.
   (c) "Puerperal Infection." .. ....G. B. Jackson, Indianapolis.
   (d) "600 Cases of Labor in Private Practice." ....H. A. Cowing, Muncie.

Discussion opened by E. F. Hodges, Indianapolis; S. J. Young, Valparaiso; E. E. Padgett, Indianapolis.

Friday Afternoon, June 19. 2 to 5.

—Medical Section—

1. "Ocular Manifestations in General Diseases." ....W. F. Hughes, Indianapolis.

Discussion opened by Geo. Knapp, Vincennes; L. D. Grose, Evansville.

and Cholera." ....W. D. Hoskins, Indianapolis.

2. "Etiology of Rheumatism
3. "Acute Rheumatism in Children." ....L. P. Drayer, Ft. Wayne.

Discussion opened by A. S. Jaeger, Indianapolis; H. A. Fox, Gosport.

4. "The Modern View of the Etiology of Acne Vulgaris and Acne Rosacea." .....A. M. Cole, Indianapolis.

Discussion opened by C. S. Bond, Richmond; F. R. Charlton, Indianapolis.

5. "The Present Status of Syphilis." ....A. W. Brayton, Indianapolis.
6. "Report of Committee on Prevention of Venereal Diseases." ....Goethe Link, Indianapolis.

Discussion opened by W. H. Gilbert,

Evansville; W. P. Garshweiler, Indianapolis.

7. "Acute Nephritis." .....
.....R. E. Holder, Columbus.

Discussion opened by C. A. White, Danville; W. W. Tucker, Greencastle.

—Surgical Section—

1. "Exopthalmic Goitre."
   (a) "Etiology and Pathology." .....
   ..J. A. McDonald, Indianapolis.
   (b) "Symptoms and Medical Treatment." .....
   ....F. O. Dorsey, Indianapolis.
   (c) "Surgical Treatment.."
   .....J. V. Reed, Indianapolis.

Discussion opened by B. D. Myers, Bloomington; C. E. Cottingham, Indianapolis.

2. "Some Considerations of-Intra-Sigmoid Disease."
   ....G. W. Combs, Indianapolis.

Discussion opened by A. P. Buchman, Ft. Wayne; A. B. Graham, Indianapolis.

3. "Anesthesia Considered as a Specialty." .....
   ....C. N. Combs, Terre Haute.
4. "A Consideration of General Anesthetics." .....
   ...W. R. Davidson, Evansville.
5. "Concerning Hyoscine-Morphine-Cactine Anesthesia."....T. M. Jones, Anderson.

Discussion opened by J. B. Fattic, Anderson; H. S. Thurston, Indianapolis.

Local Society Notes.

The Indianapolis Medical Society at its final meeting, May 26th, approved of the establishment of a Walker-Gordon milk laboratory to be opened before June 15th, and appointed a committee to inspect the dairy farms and the work of the laboratory, reporting to the executive committee their findings.

The society left their motion to have a summer meeting on the grounds of the City Hospital and in the interest of the hospital with the executive committee and judicial council, who are to select the date and details. The society adjourned to meet the first Tuesday evening in October.

Forty-Second Meeting of the Indiana Institute of Homeopathy.

The forty-second session of the Indiana Institute of Homeopathy is on at the Denison Hotel. There are in this State 380 practicing homeopathv physicians, of whom two-thirds are members of the institute. About forty members attended the Maq 26-28 session, which was called to order at 10 a. m. by the president, Dr. Charles B. Harpole, of Evansville.

The officers of the institute, besides the president are: Vice-presidents, Drs. William R. Stewart, Indianapolis, and Daniel W. Weaver, Greensburg; secretary, Dr. Sollis Runnels, Indianapolis; treasurer, Dr. Ernest Franz, Berne.

An invitation was accepted from F. A. W. Davis, president of the Indianapolis Water Company, to visit the new filtering beds.

At noon the members assembled on the steps of the Soldiers' Monument and had their pictures taken in a group.

Wednesday at 7:30 p. m. the visiting physicians, their wives and daughters were guests of the homeopathic physicians of Indianapolis at a banquet at the Columbia Club. Dr. W. E. George, of this city, was toastmaster, and toasts were responded to by Drs. Royal S. Copeland, Ann Arbor, Mich.; W. D. Weaver, Greensburg; Carlton B. McCulloch and W. R. Stewart, this city, and Charles E. Kahlke, Chicago.

The address of the president and appointment of committees took place in the afternoon. A number of papers were read on medical subjects.

Indiana Eclectic Medical Association Meets.

Over 100 members of the Indiana Eclectic Medical Association, which has been in session at the Grand Hotel for two days, completed their program May 27, afternoon, and departed for

their homes. The session was the forty-fourth annual convention of the society. A delegation from the eclectics called upon the members of the homeopathic physicians, who were in session at the Denison Hotel, and paid their professional respects to their brother physicians.

Officers for the ensuing years were elected in the afternoon as follows: President, Dr. C. M. Brown, Fairmount; first vice-president, Dr. E. B. Shewman, Waymansville; second vice-president, Dr. C. E. McKee, Dublin; recording secretary, Dr. J. D. McCann, Monticello; corresponding secretary, Dr. Brose S. Horne, Gas City; treasurer, Dr. H. E. Vitou, South Bend.

The program at the closing session consisted of papers from the department of obstetrics, gynecology and surgery and from the department on materia medica and therapeutics.

Twentieth Annual Session of the American Association of Physio-Medical Physicians and Surgeons.

This meeting was held May 19-21 in the Physio-Medical College building, on College avenue, Indianapolis. Dr. L. H. Painter, of Texas, was president. Drs. L. M. Reagon, E. G. Anthony, J. A. Stafford and I. J. Baker, of Indiana, were also officers. Ohio and Indiana are the storm centers of the cult and therefore the grand annual meeting was in Indianapolis, and there was a reunion of the "Old Guard," the graduates of the mother school at Cincinnati. All the departments of medicine were discussed by bereaus and the meeting closed with a banquet. Dr. William F. Schaare, of Chicago, was elected secretary and Dr. J. M. Elder, of Franklin, Ill., president for the next annual meeting in Chicago the coming year. There was a large attendance and as with the other sectarian meetings noted, composed largely of elderly men.

As the views on which these special medical cults are based have become largely absorbed in modern medico-biological science, their special schools are declining in numbers and vigor, and their better educated representatives are not essentially different from modern scientific physicians.

MISCELLANY.

Notes of Interest About the Indianapolis City Hospital.

The City Hospital, then an unfurnished and useless building, was taken possession of in April, 1861, furnished and conducted by the United States as a military hospital from May 1, 1861, to June 15, 1865. During this time the number of sick and wounded received for treatment was 12,991. Of these 12,170 were Union soldiers and 821 were prisoners of war. Subsequently the property was used as a Soldier's Home from July, 1865, to April, 1866.

At a special meeting of the City Council May 31, 1866, an ordinance was passed for the government of the hospital. A Board of Trustees was elected and Dr. G. V. Woolen selected as superintendent. Dr. P. H. Jameson was, at that time, a member of the Council, and the success of the movement was chiefly due to him.

The register of the hospital since it became a city institution shows that the whole number of patients received from July 1, 1866, to January 1, 1903, were 48,553. Therefore, the soldiers and civilians who have received the benefits of the hospital from May 1, 1861, to January 1, 1908, reaches the enormous number of 61,544. During its occupation by the United States as a military hospital Dr. John M. Kitchen was the surgeon in charge. Since its occupation by the city, the following physicians have served as superintendents in the order named: Doctors G. V. Woolen, E. Hadley, J. W. Marsee, A. W. Davis, W. B. McDonald, F. J. Van Voris, W. H. Davis, W. N. Wishard, John H. Oliver, George Edenharter, C. E. Ferguson, Wm. M. Wright, J. D. Nichols, C. E. Ferguson, C. H. C. Poucher, M. J.

Spencer, N. E. Jobes, Paul Martin, N. E. Jobes, and Dr. J. L. Freeland, the present superintendent. Quite a number of these superintendents graduated in the Medical College of Indiana.

The present Board of Health of the city of Indianapolis is composed of Drs. E. D. Clark, T. B. Noble, F. A. Morrison and M. J. Spencer. They have charge of all business affairs connected with the present hospital, and the medical conduct and clinics of the institution. The hospital has been greatly enlarged and improved since March, 1883. Dr. W. N. Wishard was the first superintendent to advocate a new hospital and to build the first permanent additions. The hospital has been entirely reconstructed since the time named and is now recognized as one of the best institutions of the kind in the country.

(The above notes recalled by Dr. Kitchen were noted by Dr. Frank L. Truitt, of Indianapolis. The complete history of the Indianapolis City Hospital and its medical officers may be found in the *Indiana Medical Journal* for October, 1898. The history begins with the first building in 1854 and extends through Dr. Poucher's superintendency to December 31, 1897. The report occupies 10 pages with plates and cost the editor a solid week of labor. It should be reprinted in the nent record and also brought up to the present date.—Editor.)

Disease and Death in Indiana in April.

The tabulations of the reports for April, just finished by the State Board of Health, show the health of the state was not quite as good as in the corresponding month last year. The total number of deaths was 2,954, rate 13.2. In April, 1907, 2,813 ,rate 12.7. Rheumatism was the most prevalent disease. The respiratory diseases, such as bronchitis ,tonsilitis, influenza, and pneumonia were not so prevalent as in the preceding month. 329 cases of smallpox, with 2 deaths were reported from 35 counties. The smallpox deaths occurred, one in Steuben county and one in Marion county. In the corresponding month last year, 91 cases, with 1 death, were reported from 20 counties. 82 cases of diphtheria with 10 deaths, in 23 counties. Consumption caused its usual havoc, 411 deaths being caused by the disease. 191 males, and 220 females. Of the females, 39 were married in the productive age period of 18-40, and left 78 orphans under 12 years of age. Of the males, 67 were in the same age period as above, and left 134 orphans. Total orphans produced by the disease in the month, 212. Total number of homes invaded 398. Pneumonia caused 333 deaths, against 284 in the corresponding month last year.

Violence caused 154 deaths, 111 males and 43 females. 6 murders, 33 suicides, and 115 accidental. 9 of the suicides chose gunshots, 9 carbolic acid, 2 drowning, 2threw themselves under railway trains and 11 by poisons.

The city death rate was 16.5, and the country death rate 11.3. The death rates of the cities having over 20,000 population, were: Indianapolis, .16, Evansville 13.7, Ft. Wayne 17.7, Terre Haute 19.3, Anderson 14.6, Muncie 22.1, South Bend 15.8.

Scores of Cars in Endurance Run Virtually Perfect.

The score of every car in the 150-mile endurance run of the Indianapolis Automobile Trade Association May 22 was virtually perfect. Several were penalized a few points for loosened bolts or trifles of that kind, but every one of the thirty-nine cars, ranging in price from $800 to $6,000, finished the run in perfect running order. There was not a mishap on the road that caused a withdrawal.

There could be no better recommendation for the up-to-date automobile. The roads were a good sample of those encountered in touring and the time was much faster than that made by the ordinary tourist. The Class A cars probably exceeded forty

miles an hour on the flat, smooth roads. The drivers were out to make a fast run and naturally were not as careful as they would have been had it been a mere pleasure jaunt. The cars were subjected to all kinds of bumps that in an ordinary run would have been evaded.

One of the novel features was the Rapid twelve-passenger Pullman sight-seeing car. All of its dozen occupants carried megaphones, and they probably found more enjoyment in the trip than any one else. The big car finished well ahead of its schedule and it got through without a single accident.

No time was taken out for dinner, but there was no lack of good things to eat. Each car was provided with box lunches prior to the start and there were substantial reinforcements in the food line at Anderson and Newcastle. The Lambert company, at Anderson, and the Maxwell company, at Newcastle, provided box lunches free. They were not ordinary box lunches, either.

W. C. Marmon in No. 50 and No. 51, driven by H. C. Shafer, made fast time on the run. The running time from Indianapolis to Anderson, forty-nine and one-half miles, was one hour and fifty-eight minutes. The run from Anderson to Newcastle, forty miles, was made in one hour and forty-five minutes. The run from Newcastle to Indianapolis ,forty-eight and one-half miles, was made in one hour and fifty-three minutes. The total actual running time for the run was five hours and thirty-five minutes, an average of twenty-six miles an hour.

Chicago "Mad Dog" Case.

"Always save the dog—kill him, if you will, but save him, anyway." This is the latest suggestion from Dr. Victor Keene, the Indianapolis hydrophobia expert, to parents whose children may look good to biting dogs. Dr. Keene now has a peculiar case on his hands. Last night, a wealthy Chicago couple, erroneously reported to be Mr. and Mrs. J. Ogden Armour, came to Indianapolis with their daughter who was bitten by a dog last Saturday. Unfortunately the dog was immediately killed and thrown into a furnace and now no one knows whether or not the dog was mad. The result is that the parents are in a nervous state and the young woman has been put under Dr. Keene's treatment, that might not be necessary if the dog, even dead, could be examined. The Chicago people came to Indianapolis secretly in order to avail themselves of the services of Dr. Keene and also in order to escape Chicago newspaper notoriety.

(The above is from the *Indianapolis News* of May 22.

Dr. Keene was called in early April to Chicago in consultation in the care of Mr. Armour's daughter referred to above, but he did not report it to the public prints. He is not seeking that kind of notoriety—indeed he does not need it. Items like the above should be printed in the interest of the laity and the profession of medicine.)

The War Upon the American Saloon.

In two-thirds of all the territory of the United States the saloon has been abolished by law. Forty years ago there were 3,500,000 people living in territory where the sale of liquor was prohibited. Now there are 36,000,000 people under prohibitory law. Since that time the population of the country has scarcely doubled, while the population in prohibition territory has increased tenfold. There are 20,000,000 people in the fourteen Southern States, 17,000,000 of whom are under prohibitory law in some form. In 1900 there were 18,000,000 under prohibition in the United States; now there are 36,000,000. In eight months State-wide prohibition has cleared the saloon from an area as great as that of France. In that area there is a solid block of territory 300 miles north and south by 720 miles east and west, in which on the first day of next January a bird can fly from the Mississippi to the Atlantic Ocean, and from the boundary

of Tennessee to the Gulf of Mexico, without looking down upon a legalized saloon. Great Britain and Ireland could be set down over this space without covering it. There would be 10,000 square miles of "dry" territory left as a border.—From "The Nation's Anti-Drink Crusade," by Ferdinand Cowle Iglehart, in the *American Review of Reviews* for April.

A Doctor Spreads Smallpox.

Dr. Otto F. Rogers, Secretary Monroe County Board of Health, reports how smallpox has been spread in his county. He says: "Several weeks ago, Dr. I. N. Presley, of Ellettsville, treated a case of smallpox at Clear Creek, three miles below Bloomington. The existence of the case would probably never have been known, but Dr. Presley contracted the disease himself, and stated that only exposure was while treating the said case at Clear Creek. Upon investigating the matter, I found that the doctor and the family which originally had the smallpos at Clear Creek, tried their best to keep it from being known. They mingled with others and used no precautions whatever against spreading the disease. Since Dr. Presley became ill with smallpox, I have found four families in the neighborhood of the first case with the disease, in all eleven cases. I have established quarantine and am using every means to prevent the spread of the contagion. I also today filed against Dr. Presley for not reporting the first case."

Assuming this all to be true, it appears that Dr. Pressley is an enemy to the people of his neighborhood, as well as an enemy to himself. He is also a violator of the law upon which he depends for protection. We hope that Indiana has very few such men.—From the State Board of Health Bulletin for March.

(Dr. Presley is given in the State Board of Registration report as a graduate of the Indiana Electric College in 1885.—Editor.)

Reviews and Book Notices.

A Handbook of Skin Diseases and Their Treatment.

By Arthur Whitefield, M. D. (Lond.), F. R. C. P., professor of dermatology at King's College; physician to the skin departments, King's College and the Great Northern Hospitals; 328 pages. Illustrated from photographs. Price, net $2.40. Dr. Whitefield is an excellent author and early worker in opsonnis with Wright.

Dr. T. Caspar Gilchrist, professor of Dermatology in Johns Hopkins University, writes of this book: "It is an excellent text-book for students and I take great pleasure in recommending it." Longmans, Green & Co., publishers, 93 First Ave., New York; Boston, 120 Boylston Street; Chicago, 84 Wabash Avenue.

Metchnikoff's "Prolongation of Life."

Prof. Elie Metchnikoff has pursued old age to its cause. Again, in his book, "The Prolongation of Life," the omnipresent microbe has been haled before the bar of justice and is found pursuing his nefarious calling in the large intestine. There he works, robbing the cheek of its bloom, whitening the locks, making brittle the bones and flabby the muscles, conquering territory after territory, until we sink into premature old age, and die at the untimely age of three score years and ten. It was not Jehovah who thus limited man's span of life, but the satanic microbe. Other enemies are at work, but the microbe is the chief offender. "As the large intestine not only is the part of the digestive tube most richly charged with microbes, but is relatively more capacious in mammals than in other vertebrates, it it a just inference that the duration of life of mammals has been notably shortened as the result of chronic poisoning from an abundant intestinal flora." A picture of these intestinal microbes is given. Like the Satan of old, they are wriggling serpents in form.

The devil is to be fought with his own weapons. Other microbes are summoned to the defense. The sturdiest are the lactic bacilli, which are generated in sour milk. These prevent intestinal putrefaction, and the old age microbes are starved to death. Some may prefer a short life and a merry one to sour milk, but Professor Metchnikoff has used it for eight years, and still declares himself an optimist. In addition to this diet, he recommends general sobriety and habits conforming to the rules of rational hygiene. New York: G. P. Putnam's Sons.)

The Sexual Question: A Scientific, Psychological, Hygienic and Sociological Study for the Cultured Classes. By August Forel, M. D., Ph. D., LL. D., formerly professor of Psychiatry at and director of the Insane Asylum in Zurich, Switzerland. English adaption by C. F. Marshall, M. D., F. R. C. S., late assistant surgeon to the Hospital for Diseases of the Skin, London. Octavo, pp. 536. Illustrated. New York, Rebman Company.

Transactions of the American Urological Association. Sixth annual meeting held at Atlantic City, June 3 and 4, 1907. Edited by Charles Greene Cumston, M. D.

Bureau of the Census. S. N. D. North, Director. Mortality Statistics for 1906. Seventh annual report. Washington: Government Printing Office. 1908.

Mosquito Brigades, and How to Organize Them. By Donald Ross, F. R. C. S., D. P. H., F. R. S. Walter Myers, lecturer in Tropical Medicine, Liverpool School of Tropical Medicine. 8vo. cloth; 90 cents net; by mail, $1.00.

The discovery that the germs of several of the most important tropical diseases, namely, malarial fever, yellow fever and elephantiasis, are inoculated into human beings by the bites of mosquitoes has revolutionized tropical hygiene. Not only our comfort, but our security in the tropics now depends upon the measures we adopt against these insects.* * * The object of the present work is to show how we can best wage war against mosquitoes. The information given is based upon experience gained * * * during many years' study of mosquitoes in various parts of the world, and more especially upon the actual results of the operations now being carried on by the Liverpool School of Tropical Medicine in West Africa. The work is not written only for medical men in the tropics, but for anyone who lives in countries where mosquitoes abound. —Extracted from Author's Preface.

Diseases of the Breast, with *Special Reference to Cancer.* By William L. Rodman, M. D., LL. D., Professor of Surgery in the Medico-Chirurgical College of Philadelphia; Professor of Surgery in the Woman's Medical College of Pennsylvania, etc. Octavo; 385 pages; 69 plates and 42 other illustrations. Philadephia: P. Blakiston's Son & Co., 1908. Price, $4.00 net.

The Principles and Practice of Hydrotherapy.

By Simon Baruch, M. D., Professor of Hydrotherapy in Columbia Universiy (College of Physicians and Surgeons), New York.

Differing from other works on hydrotherapy, this book is written by a general practitioner for the guidance of his colleagues. Water is discussed as a remedial agent precisely as medicinal remedies are discussed in the text-books on therapeutics. The simplest methods as well as those requiring more technical skill are described in a concise and practical manner. In the present edition the chapters on Phthisis and Insanity have been enlarged, the use of the Brand bath in typhoid fever is discussed and the entire work is brought up to date in the light of the latest investigation and usage.

Octavo, 556 pages, profusely illustrated. Price, muslin binding, $4.00 net.

William Wood & Company.

The

INDIANA MEDICAL JOURNAL

A Monthly Journal of Medicine and Surgery

PUBLISHED BY THE

Indiana Medical Journal Publishing Co.

EDITED BY

ALEMBERT W. BRAYTON, M. Sc., M. D.

THEODORE POTTER, A. M., M. D.,

ASSOCIATE EDITOR

ALFRED HENRY, M. D.,

General Manager and Treasurer

Volume XXVI

From JULY, 1907, to JUNE, 1908, Inclusive

INDIANA MEDICAL JOURNAL PUBLISHING COMPANY.
OFFICE:
ILLINOIS AND TWENTY-FOURTH STS.
1908

List of Contributors for the Year.

BRYAN, WILLIAM LOWE.
BEARD, E. R.
BRAYTON, A. W.
BROSE, L. D.
BULKLEY, L. DUNCAN.
BURCKHARDT, LOUIS.
CABOT, R. C.
CALDWELL, A. J.
CHARLTON, F. R.
CRILE, GEO. W.
CRUM, CLAUDE C.
DANA, CHAS. L.
EARP, S. E.
ERDMAN, BERNHARD.
FERGUSON, C. E.
FERGUSON, F. C.
FOXWORTHY, FRANK.
GETCHELL, ALBERT C.,
GRAHAM, ALOIS B.
HEATH, F. C.
HERRICK, JAMES B.
HOFFMAN, J. J.
HURTY, J. N.
JACKSON, GEO. B.
JOBES, N. E.
JORDAN, DAVID STARR.
KAHLO, GEO. D.
KEENE, T. VICTOR.
KEYES, E. L.
KIMBERLIN, A. C.,
KYLE, JOHN J.
McCOY, GEO. T.
McDONALD, J. A.
MONTGOMERY, D. W.
MORRISON, F. A.
NEU, CHAS. F.
OPPENHEIMER, L. S.
OSLER, WILLIAM.
PADGETT, E. E.
PARKER, H. C.
PFAFF, EARL K.
PFAFF, O. G.
POTTER, THEODORE.
PROESCHER, FREDERICK.
REED, JEWETT V.
ROBINSON, VICTOR.
ROSENWASSER, CHAS. A.
SCHULTZE, of Berlin.
SHOEMAKER, JNO. V.
SHRADY, GEO. F.
SLUSS, JNO. W.
SMITH, E. O.
ROGERS, J. G.
STARR, M. ALLEN.
STERNE, A. E.
STEWART, JONAS.
SUDRANSKI, CHAS.
THOMPSON, J. L.
TORIAN, O. N.
TUCKER, F. A.
WALKER, EDWIN.
WHEELER, C. L.
WHITE. C. W.

Index to Volume XXVI.

Original Communications.

Editorial

Personal.

Necrology.

Correspondence.

Society Meetings

Miscellany.

Reviews and Book Notices

When the physician finds it necessary, in disorders of digestion, to promote secretory activity by different remedies, this object can most certainly and completely be achieved by endeavoring to restore the appetite.

—Parlow, The Work of the Digestive Glands.

Colden's Liquid Beef Tonic

Activates the Gustatory Organs—Arouses Appetite—

Stimulates the Gastric Glands—Promotes Digestive Secretions

Indicated in impaired appetite, feebleness of old age, gastro-intestinal atony, convalescence, and all disorders of digestion and of nutrition in which the secretory activity of the digestive glands is subnormal. In cases complicated with anæmia, Colden's Liquid Beef Tonic with Iron is indicated. Sold by druggists.

Sample with literature mailed *gratis* to any physician on request

THE CHARLES N. CRITTENTON CO., 115 FULTON ST., NEW YORK

IN THE RESTORATIVE STAGE

following such acute diseases as typhoid fever, pneumonia, diphtheria, whooping cough and the exanthemata, there is no remedy so generally useful as

GRAY'S GLYCERINE TONIC COMP.

It aids digestion, promotes assimilation and augments every vital function. Thus it overcomes depression and contributes materially to normal uninterrupted convalescence.

It restores, reinforces and reconstructs.

THE PURDUE FREDERICK COMPANY, 298 Broadway, New York City

Indiana Medical Journal Publishing Co.

PUBLISHERS' DEPARTMENT.

DR. F. A. MORRISON, *President*, Willoughby Building, 224 N. Meridian St.

DR. J. O. STILLSON, *Vice-President*, 445 N. Penn. St.

General Manager and Treasurer:

DR. ALFRED HENRY, Illinois and Twenty-fourth St.

Editor:

DR. A. W. BRAYTON..... ...Newton Claypool Building

Associate Editor:

DR. THEODORE POTTER, Newton Claypool Building

The INDIANA MEDICAL JOURNAL is published by the INDIANA MEDICAL JOURNAL PUBLISHING COMPANY.

The JOURNAL was established in 1870 and has just completed its 12th year under the present management. It is now owned by a stock company of well known professional men, each of whom is not only financially interested in its success, but who have a professional pride in its welfare. Their names are an ample guarantee for its future progress and prominence. The list of stockholders is as follows:

Drs. A. W. Brayton, Geo. J. Cook, Geo. W. Combs, L. C. Cline, L. H. Dunning, F. W. Hayes, E. F. Hodges, E. Hadley, Henry Jameson, H. M. Lash, John H. Oliver, W. H. Lopp, Theo Potter, L. F. Page, H. O. Pantzer, J. O. Stillson, G. V. Woollen, Wm. N. Wishard, Daniel Thompson, Wm. Flynn, F. A. Morrison, H. E. Zimmer, Mrs. E. S. Elder.

The business interests are separate and distinct from the editorial department.

The JOURNAL in not responsible for any medical or therapeutical views expressed in this department.

All orders for subscriptions or advertising and all books for review should be addressed to the

INDIANA MEDICAL JOURNAL PUB. CO.

All articles for publication should be addressed to

DR. A. W. BRAYTON, Newton Claypool Building.

SPECIAL NOTES.

Physicians Attention.—Drug Stores and Drug Store positions any where desired in U. S. and Canada.

F. V. Kniest, Omaha, Neb.

For Sale—A Bargain.

One complete Scheidel Western 12-inch coil, with mahogany table, two interrupters, rectifying valve, stand and meter for secondary current, spring tape terminals, etc.

One complete high frequency apparatus and table, hot wire meter, auto-condensation chair, cords, etc. Original cost about $500.00. Can be operated on alternating or direct current. Best on latter. Will sell for $250.00. Purchasing larger outfit. Write P. C., care of this journal.

The prudent financier always has, at his command, a reserve store of sound securities with which to meet the demands of a period of monetary stringency. Likewise, the *healthy* individual maintains, in his vital bank account, a reasonably liberal balance of forceful energy, upon which he may draw during periods of physical stress and strain. When, however, the business man gambles with his capital, his financial reserve is often hypothecated and is thus unavailable in times of emergency. So it is with the man or woman who improvidently consumes the physical capital with which nature liberally endows the human organism. Too liberal and too frequent drafts deplete the vital store more rapidly than the normal deposits of force and energy are credited to the physical account. It is just at this period that the physician is consulted in his capacity as a physico-financial expert. Upon his advice, at this critical juncture, depends the vital solvency of the patient. The undue expenditure of energy must be checked; the vital assets must be conserved: timely deposits of negotiable funds must be entered to the credit of the impaired balance. The vital bank account of the depleted anemic, the over-tired, over-worked neurasthenic, the chronic dyspeptic, the exsanguinated surgical patient, the marasmic infant and the exhausted convalescent are all in need of such deposits of vital energy. As the round gold "coin of the realm" is the standard of financial value, so is the round hemoglobin-carrying, oxygen-bearing red corpuscle of the blood the circulating medium of all vital exchange and interchange. To avert an impending physical bankruptcy, there is urgent need of the adoption of prompt measures to increase the deposit of these necessary erythrocytes. Pepto-Mangan (Gude) quickly adds to the circulating medium, by constructing new red cells and reconstructing those that

have retrograded because of overdrafts of force and energy. It increases the appetite, stimulates and encourages the absorption of blood-building nutritive material, augments the hematinic richness of the circulating fluid, increases the number and establishes the structural integrity of the corpuscular elements of the blood. It thus successfully plays the role of the depositor of vitality to the account of the patient who needs such essential additions to his or her physical credit.

Nutrition as Affecting Inflammation of the Mucous Membrane.

Great strides have been made in the practical management of most diseases during the last few years, but it must be admitted, in some respects, mortuary statistics are not very encouraging. Among those diseases, which do not seem to respond favorably to recent therapeutic innovations, pneumonia, bronchitis, influenza, gonorrhoea, gleet cystitis are notable examples. It is not only possible, but very probable, that treatment is too often addressed to the local disease without due reference to the general condition of the patient. In nearly all of the above inflamatory conditions the morbid processes seem to be localized, but they are not. The local concentration is probably the result of a toxaemia which is a constitutional one and not infrequently affects one or several important organs of the body. If these organs which are so affected are not properly cared for their cooperation in the elimination or neutralization of toxines and restoration of organs primarily involved, will be lacking. Treatment in this class of cases must not only be local but constitutional; for instance, it will not do to depend upon a sedative to relieve a cough nor will any agent which relieves the urgent symptoms of a bronchitis or pneumonia, cure the disease.

In pneumonia a large percentage of the fatal cases are the result of toxaemia and mechanical embarrassment of the circulation. There is, first, a congestion of blood stasis in a portion of the lungs. If the cause is not promptly removed, the blood, which should pass freely from the right ventricle to the lungs and thence back to the left side of the heart, is gradually forced back on the right side, with resulting dilatation, hypertrophy, valvular disease, and general derangement of the circulation. At this stage of the condition, the congestion of the lungs should be relieved by lowering blood pressure without impairing the integrity of the heart and by diverting the blood to the other parts of the body and keeping its quality to a normal standard. This same line of treatment applies also to the congestion and inflammatory stages of all the other mucous membranes. To combat the constitutional indications in this class of diseases, it is of the greatest importance to supply to the system a full and complete nutrition which assures normal heart action as well as normal anabolism and catabolism. The local lesions much more rapidly subside under local treatment where the general nutrition of the patient is kept up, than where it is neglected. Resolution of all inflammations from all causes much more rapidly occurs where the constitutional condition is taken care of. How best to obtain this has always been a matter of much concern to the profession, and as a result of clinical study many forms of tonics and modes of feeding have been employed, each of value but some more so than others. It has been demonstrated conclusively by a large clinical experimentation that Bovinine as a food and tonic in this class of cases gives a most happy result.

Influence of the Maternal Health of the Child in Utero.

J. W. Ballantyne (*J. A. M. A.*, April 27, '07) finds that there are three epochs in a child's life during which the mother's influence is supreme—the antenatal, the lactational and the postlactational. The extent and character of the antenatal influence (to which he

devotes his important paper) are to a large degree unrecognized by medical men. He does not affirm that the maternal psychism has no influence on the embryo; but he regrets that physicians have been led away from the plain facts and ascertainable phenomena of the transcendental transmission of maladies, predispositions and immunities to considering such a will-o'-the-wisp as the effect of the mother's imagination. With regard to the physiological relationship; the fetal and maternal blood do not mix, unless, perhaps, a hemorrhage into the placenta takes place; but there is passage of fluid gases and even solids. This is transplacental interchange. Poisons, toxins, microbes and agglutinins may pass over from the one organism to the other. Why in one case these exceptional substances are thus transmitted and not in another, we do not know; the explanation probably lies in placental hemorrhage and a breaking down of the tissues intervening between the two bloods. Is there any other route by which material may pass from the mother to the fetus or inversely? Possibly in some instances at least there may be a circulation of the liquor amni, so that substances may pass in this way. We must never forget that the placenta is one of the fetal organs and a very vital one; and when it is attacked or injured the results to the unborn infant are very serious. Ballantyne concludes that all diseased conditions in the pregnant mother, whether due to microbes, toxic agencies or diatheses, are dangerous to the embryo. The fact that the embryo sometimes, perhaps, often, escapes is no doubt largely due to the protective influence of the placenta. The pathogenic influence may either force its way through the placental barrier and so contaminate the fetus, or it may cause death of the fetus by destroying the integrity of the placenta. The laws regulating placental interchanges have not yet been discovered. The great safeguard of the fetus against the mother's disease is a healthy placenta, which opposes the passage of toxic agencies and which is not liable to their attacks. Perhaps there are medicines which act as placental tonics; but we are not sure. Potassium chlorate and mercury may be of this nature, as may be also some of the organic extracts.—*The Medical Times.*

Pusey (*Jour. A .M .A.*) gives a preliminary report on the action of carbon dioxid snow (secured by collecting the fine frozen particles which form when the CO2 gas, which is purchased in ordinary soda fountain cylinders, is allowed to escape and comes in contact with the outer air) in various skin diseases. The effect is much like that of liquid air, the principle in both being to get, by sudden intense freezing, either a violent inflammatory reaction or actual tissue destruction. The snow is applied to the growth for a period of from 10 to 30 seconds. The value of the new agent lies in the efficiency of action, ease of control, cheapness, accessability and simplicity.

"K—Y" is non-irritating—proven by its application to the nasal membrane.

"K—Y" is non-greasy and water-soluble—proven by the ready and easy way in which it is removable from hands or instruments by rinsing in water.

"K—Y" is antiseptic—proven by your bacteriologist.

"K—Y" may be easily and evenly applied to instrument or finger—proven by application.

"K—Y" is emolient—proven by its soothing rather than irritating effect upon any sensitive mucous membrane.

"K—Y" doesn't soil the clothing.

Sample (collapsible tube) will be sent upon request by Van Horn and Sawtell, 20 E. 42d St., New York City .

Nervous exhaustion and melancholic mania are relieved by Celerina in teaspoonful doses three times a day.

The Lincoln Letter to Mrs. Bixley, of Boston.

"Executive Mansion, Nov. 21, 1864.

"Dear Madam—I have been shown in the files of the War Department a statement of the Adjutant-General of Massachusetts that you are the mother of five sons who have died gloriously on the field of battle. I feel how weak and fruitless must be any words of mine which should attempt to beguile you from the grief of a loss so overwhelming. But I can not refrain from tendering you the consolation that may be found in the thanks of the republic they died to save. I pray that our heavenly Father may assuage the anguish of your bereavement and leave you only the cherished memory of the loved and lost, and the solemn pride that must be yours to have laid so costly a sacrifice upon the altar of Freedom. Yours most sincerely and respectfully,

"ABRAHAM LINCOLN."

In a foot note Nicolay and Hay say in their "Works of Lincoln": "This is one of Lincoln's most famous letters on account of its evident sincerity and the purity of its expression."

Fine Perforated Leather Jacket Spine Brace

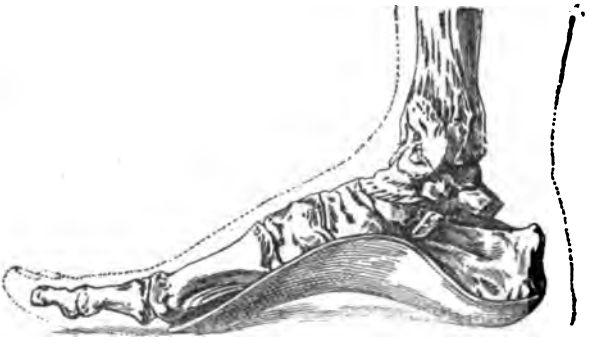
Deformity Apparatus

Braces for Head, Neck, Spine, Hip Joint, Knee Joint, Ankle Joint, Leg and Foot Braces, Apparatus for the Correction of Club-Foot, etc., in all of which the most approved methods of construction will be found.

HAVING always given our Orthopedic Department our best attention, we believe that our work in that line is of a superior quality, and our style of construction the most adaptable and durable.

The head of the department is a competent anatomist, with over twenty years' experience both in the treatment of deformities and the manufacture of suitable apparatus to assist the treatment, and the mechanics working under his direction are the most experienced and skillful we can procure.

We do not solicit orders from a distance in this line, except through the surgeon in charge of the case, as we believe best results can only be expected when apparatus is ordered by a person with a proper knowledge of the case, and applied with correct instuction.

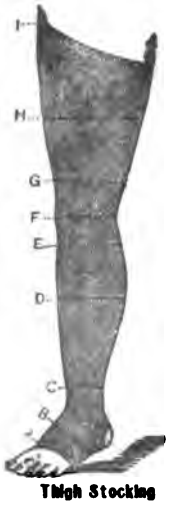


Improved Instep Support

While we prefer, in each case, to work under the direction of the attending physician, executing his wishes with ll possible accuracy, yet should a ivice or consultation be needed, we will always stand ready in any way within our ower to assist, that the physician and patient may be alike benefited.

To patrons residing at a distance, whose patients can not conveniently visit us, we will guarantee to make any appliance so that it will adjust properly and to their satisfaction, if they will send us the measurement and other particulars, as herein directed.

We guarantee all appliances sent out by us to correspond with direction and measurement furnished us, and any omission or errors on our part will be cheerfully corrected without extra cost.



Thigh Stocking

Elastic Surgical Hosiery.

Elastic Stockings, Knee-Caps, Abdominal Belts, etc., for the Cure, Relief or Treatment of Varicose Veins, Weak, Swollen or Ulcerated Limbs, Corpulency, Abdominal Weakness and Tumors.

All goods manufactured to order, and from none but the highest grade of materials.

We can guarantee a perfect fit and goods that are actually fresh, as these goods are made expressly for each customer upon receipt of order.

We can make the article and fill any order within two or three days from its receipt.

The quality of our elastic goods and our service in filling orders is unsurpassed.

Wm. H. Armstrong Co.

Manufacturers and Importers of Surgical Instruments.

224-226 S. Meridian St. **INDIANAPOLIS, IND.**

TELEPHONES { Office, New 1893 / Residence, New 7084

Dr. William N. Wishard

Dr. H. G. Hamer

Practice Limited to Genito-Urinary Diseases

529 Newton Claypool Bldg. Indianapolis

Office Hours: 10 to 12 A. M. except Sunday and Wednesday

Dr. John Chase Sexton

ABDOMINAL SURGERY AND GYNECOLOGY

Private Hospital, Rushville

Indianapolis, "The Rockingham"

323 N. Delaware St.

Wednesdays and Fridays, 2 to 4 p. m.

Other hours by appointment.

HOURS: 11 a. m. to 3 p. m. 11 to 1 only, Sunday.

NEW TELEPHONE 713

J. O. Stillson, M. D.

EYE, EAR, NOSE AND THROAT

445 N. Pennsylvania St.

S. E. Corner Michigan and Pennsylvania Streets

INDIANAPOLIS

C. F. NEU, M. D.

SPECIALTY

NERVOUS AND MENTAL DISEASES

Office, 334-335 Pythian Bldg.,

INDIANAPOLIS.

PHONES—
New, 2510
Old, Main 834

HOURS—10-11 A. M.
3-5 P. M.
7-8 P. M.

CONSULTING HOURS.
9 to 12 A. M.
2 to 5 P. M., Except Wednesday and Saturday.
Sunday, 9 to 12 A. M.

Dr. L. F. Page,

ROOMS 30 AND 32 WILLOUGHBY BUILDING

INDIANAPOLIS, IND.

PRACTICE LIMITED TO EAR, NOSE AND THROAT

New 'Phone 4167
Old 'Phone Main 4167

TELEPHONES { Office, 1728 New / Residence, 2801 New

Dr. William F. Clevenger

Practice Limited to Diseases of

THROAT, NOSE and EAR

316 N. Meridian St.

INDIANAPOLIS, INDIANA

OFFICE HOURS:

9 A. M to 1 P. M. 2 P. M. to 5 P. M. Sunday, 10 to 12 A. M.
Evenings by appointment.

Dr. L. C. CLINE

PRACTICE LIMITED TO

THROAT, NOSE AND EAR

WILLOUGHBY BUILDING

224 N. Meridian St.

INDIANAPOLIS, IND.

HOURS { *9 to 12 a. m. 2 to 5 p. m.* / *Evenings, Monday and Friday, 7 to 8.* / *Sundays, 2 to 3 p.m.*

New Telephone | *Office, 174* / *Residence, 6990*

OFFICE HOURS:

10 to 11 A. M., 3 to 5 P. M. SUNDAYS 10 to 11 A. M.

DR. E. C. REYER

CONSULTANT IN

Diseases of the Mind and Nervous System

OFFICE

311-315 NEWTON CLAYPOOL BUILDING

New Phone, Office 1621
Residence 6631

INDIANAPOLIS

Telephones, Office and Residence, New 1167. Main 5888

FREDERICK R. CHARLTON, M. D.

PRACTICE LIMITED TO

DISEASES of GENITO-URINARY ORGANS AND DERMATOLOGY

THE WILLOUGHBY, 224 N. Meridian St.
INDIANAPOLIS

HOURS: 9 to 2, except Sunday by appointment.

TELEPHONES { Office, 1545 New
Residence, 9188 New; Prospect 331 Old

Dr. E. C. Thomas

HEART DISEASES

209-210 Newton Claypool Building

INDIANAPOLIS

Office Hours 11-12 and 2-4

OFFICE HOURS—11 a. m. to 1 p. m.

DR. GEORGE J. COOK

PRACTICE LIMITED TO

Diseases of the Rectum and Gastro-Intestinal Surgery

Willoughby Building, 224 N. Meridian St.
INDIANAPOLIS

DR. ALOIS B. GRAHAM

Gastro-Intestinal and Rectal Diseases

WILLOUGHBY BUILDING
224 N. MERIDIAN STREET INDIANAPOLIS

OFFICE HOURS—10 a. m. to 1 p. m.

TELEPHONES | New, 2185.
Main 3506.

Dr. Joseph Rilus Eastman

GENERAL AND GENITO-URINARY SURGERY

The Joseph Eastman Hospital
331 N. Delaware St.
INDIANAPOLIS, INDIANA

Bell and Independent Long Distance Phones 132

DR. A. W. BRAYTON

CONSULTANT IN DERMATOLOGY

NEWTON CLAYPOOL BLDG.

INDIANAPOLIS

HOURS: 10 to 12 a. m. 2 to 5 p. m.

Hours. 2-4 p. m.

Phones: New 2728
Old, Main M 1993

Dr. Louis Burckhardt

Consultant in Medicine and Obstetrics

The "Willoughby"

INDIANAPOLIS, IND.

2-4 and by appointment

Dr. Jewett V. Reed

GENERAL SURGERY

Willoughby Building

INDIANAPOLIS

DR. ALBERT M. COLE

Practice limited to

Skin Diseases, Electro Therapeutics and X-Ray

X-Ray Laboratory Equipped for all Skiagraphic Work

OFFICE,
401-404 Newton Claypool Building

RESIDENCE,
2101 North Delaware St.

TELEPHONES:
Office, New 927
Residence, New 6446

OFFICE HOURS:
11 a. m. to 4 p. m
Sunday, 9-10 a. m

DR. FRANK A. MORRISON

Diseases of the Eye

WILLOUGHBY BUILDING

224 N. Meridian Street INDIANAPOLIS

OFFICE HOURS
12 to 5 p. m. Sunday, 10 to 12 a. m.

Phones { Office, 4110
Res., New 9540-2 Rings

Dr. W. F. Hughes

DISEASES OF THE EYE

327 Newton Claypool Bldg.

Hours:
2-4 P. M.
Sundays by Appointment

INDIANAPOLIS, IND.

Hours: 9 to 12 a. m.
1:30 to 5 p. m.
Sundays 2 to 4 p. m.
Other Hours by Appointment

New Phone: Office 4068
Residence 6611L

WALTER NEVIN SHARP, M. D.

Diseases of the Eye

408 Newton Claypool Bldg. INDIANAPOLIS

Dr. J. L. Thompson

PRACTICE LIMITED TO

DISEASES OF THE EYE

232 N. ILLINOIS ST.

INDIANAPOLIS, - IND.

—PHONES—
Office, New 480
Old, Main 4108

Residence, 2 on 480
Old, North 676

DR. DAVID ROSS

SURGEON

"The Willoughby," 224 N. Meridian Street

INDIANAPOLIS, IND.

OFFICE HOURS: { 9:30 to 10:30 a. m.
2 to 4 p. m.
7 to 8 p. m. Wednesday and Saturday
Sunday, 2 to 3 p. m.

DR. J. H. SUTCLIFFE

SURGEON

OFFICE:
155 EAST MARKET STREET

TELEPHONE 941

HOURS: 9 to 10 a. m. 2 to 3 p. m.

INDIANAPOLIS

TELEPHONES—Old and New, Office and Residence, 274

Dr. J. H. OLIVER

PRACTICE LIMITED TO SURGERY

OFFICE:
422 N. Delaware St.

Office Hours, 11 to 1 INDIANAPOLIS